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Neil Bilotta
Encompassing Acholi Values:
Culturally Ethical Reintegration
Ideology for Formerly Abducted
Youth of the Lord's Resistance
Army in Northern Uganda

ABSTRACT

The focus of this study was to explore the historical underpinnings of culturally specific “healing” strategies associated with returning formerly abducted children in northern Uganda, post captivity in the Lord’s Resistance Army rebel group. Although studies exist that examined both individualistic and collective approaches to aid in the reintegration process for youth who escape the war, there is minimal literature focusing on the cultural implications of Western therapeutic interventions for former child combatants in northern Uganda. Are Western mental health practitioners culturally aware of the distinctions between the Western world and that of Acholi youth? Are traditional Acholi values maintained in the reintegration process of formerly abducted youth?

The study uses cross-cultural psychological and anthropological research to examine whether Western-based “combat-related trauma theory” can align with the traditional collective values and healing practices of the Acholi people in northern Uganda. Although researched from a theoretical lens, cultural leaders, clan elders, religious leaders, witchdoctors, formerly abducted youth, and local social workers all contributed valuable information to the study.

The two main reception centers in northern Uganda – World Vision and GUSCO – were used as major case studies in this research. The findings suggest that Western influences such as Christianity and “talk therapy” are given precedence over “traditional” ways in which the Acholi

culture has collectively “healed” from war. Researchers and clinicians were encouraged to explore the complexities of international social work in non-Western societies.

**ENCOMPASSING ACHOLI VALUES: CULTURALLY ETHICAL
REINTEGRATION IDEOLOGY FOR FORMERLY ABDUCTED YOUTH OF
THE LORD'S RESISTANCE ARMY IN NORTHERN UGANDA**

A project based upon independent investigation,
submitted in partial fulfillment of the requirements
for the Degree of Masters of Social Work

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2011

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Attempting to show gratitude towards everyone involved in this process is rather impossible. The experience of living, studying, interning, researching and writing in Gulu, northern Uganda shifted my perception on not only the existential philosophies of International Social Work, but more significantly the universe.

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I am grateful for meeting and discoursing with Sverker Finnstrom. His book, "Living with Bad Surroundings" expanded the global discourse of the LRA and Acholi people.

Finally, boundless gratitude to ALL of the beautiful Acholi souls I was so fortunate enough to share experiences with. Some of these include, but are certainly not limited to Florence Aol, Opiyo Masimo, Anthony (Tonny) Odiya Labol, Amono Paska, Nyeko Jacob, Ocaya Reagan, Auntie Florence, Rose, Gab, Maria, Juliette, Collins, Oneka Richard, Samuel, Christin, Rubanga Kene N.J.

This project is dedicated to the Acholi of northern Uganda; the most intriguing, powerful and resilient folks I've been privileged to meet.

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CHAPTER I

INTRODUCTION

It is increasingly common for aid agencies to send out counselors and other types of mental health professionals to both Western and non-Western parts of the world in their endeavor to alleviate some of the psychological traumas associated with war and upheaval. We know very little about the nature and extent of psychological consequences of war and upheaval in the non-Western world. A great deal of what people do and think during and after war is locally specific. Behavior [of those from non-Western cultures] is profoundly influenced by conceptions of causality, pain, accountability, spirituality and morality which may be quite different from those in Europe and North America (Parker, 1996, p.77).

Although moderately outdated, Melissa Parkers' elucidations concerning how to cross-culturally interpret the psychological effects of war remain a prominent issue in international social work.

Warfare has plagued individuals and collectives around the globe and throughout humanity's history. Prior to the First World War, manifestations of war's distresses were left unexamined (Howorth, 2000; Loveland, 2007). From the first psychological combat-related diagnosis of *shell shock* during World War I, to *combat exhaustion* during the American invasion of Korea, to *posttraumatic stress disorder* following the Vietnam-American War, all have focused exclusively on western manifestations of distress from battle. These "diagnoses" –

which are culturally and essentially geographically specific mental, physical and visceral responses of combat – have globally expanded. Similarly to the Westernization of the world, interventions regarding manifestations of stress related to war have extended beyond the Western world's borders (Kleinman, A., Eisenburg, L., & Good, B. 2006; Parker, 1996; Summerfield, 2004; Watters, 2010). “It is widely assumed that the therapeutic modalities developed in the West are also appropriate for people suffering mental health disorders in other parts of the world. The cultural differences are either ignored or played down” (Bracken, Giller & Summerfield, 1995, p.1075). Primarily intervening with Western therapeutic ideology in non-Western cultures implies that universal strategies of coping with manifestations of combat-related distress are appropriate. Are we certain that such manifestations are universal?

This theoretical study explores the phenomenon and application of Western-based post conflict therapeutic interventions with the Acholi collective of northern Uganda, East Africa. The Acholi population of northern Uganda has been marginalized and subjugated since the onset of colonialism in the mid 1800s. Pervasive Western imperialistic philosophy has historically and inevitably shifted traditional Acholi beliefs and practices (Finnstrom, 2008; Harlacher, Okot, Obonyo, Balthazard, & Atkinson, 2006).

This chapter provides a brief overview of the multiple decade-long conflict that ravaged the sociopolitical and humanitarian infrastructure of northern Uganda. Subsequently, I highlight the establishment of local and international aid organizations that offered support to the many emotionally affected by the conflict. In brevity, I highlight the Western therapeutic ideology imbedded in the organizations' philosophies. Finally, I introduce specific areas in which the Acholi of northern Uganda have traditionally interpreted specific emotional manifestations of conflict.

War in Acholiland

From 1986 until 2007, the Acholi directly suffered the consequences of a bloody 20 year period between the government and a local rebel faction – the Lord’s Resistance Army (LRA) – which forced 1.7 million people into Internally Displaced Persons’ Camps and left tens of thousands dead (Annan, Amuge & Angwaro, 2003; Ledyard, Mustain, Nemeth, Scranton, Smith, Thatcher, Ziembo, & Zurawski, 2009). During the early years of the conflict, the LRA and government troops not only targeted one another, but additionally the civilian population. As the conflict’s intensity heightened, the LRA abducted children to enlarge their ranks (Annan, Brier & Aryeno, 2009). To support their rebellion, the LRA captured around 50 – 70,000 children forcing them to be sex slaves and fight as soldiers (Annan et al., 2009; Ledyard et al., 2009). As families were torn apart, villages and communities demolished, education disrupted, and life’s daily activities significantly altered, the Acholi people experienced inexorable individual and collective infringement. What are the imminent internal and external effects of such collective chaos?

Details regarding specific pragmatics of the war in relation to abducted children will be provided in Chapter III of the study. The exceedingly high number of abducted children returning to civilian life in northern Uganda has ignited global fury. Thus, during and immediately following the conflict, scores of mental health workers and aid agencies flocked to Gulu Town in northern Uganda to *help* those mentally and physically ravaged by the war. Amongst others these included, War Child (UK), CARE International, CARITAS, Save the Children, United Movement to End Child Soldiering (UMECS), USAID, and the United Nations. Amid the plethora of supportive aid were two organizations that fundamentally became the chief welcoming centers for formerly abducted youth in northern Uganda; Gulu Support Our Children

Organization (GUSCO), a locally established organization and World Vision International, a transnational, Christian-founded non-profit organization. Both agencies designed specific “reception centers” for those returning from the bush. World Vision and GUSCO will be introduced in the succeeding chapter.

International Aid Organizations

International foreign aid to non-Western nations in post conflict zones is clearly not a new phenomenon. Although particular research has encompassed the avenues in which Western interventions are applied in non-Western post conflict regions, an ensuing disconnect currently looms (Bracken et al., 1997; Kleinman, 1995; Parker, 1996). The exportation of Western mental health diagnoses and interventions in natural disasters and conflict settings has expanded since the onset of PTSD in 1980 (Kirmayer, 1989; Kleinman, 2006; Parker, 1996; Spears, 2007; Watters, 2010). For instance, Watters (2010) wrote “The Wave that Brought PTSD to Sri Lanka” (p.65) as Western mental health workers rapidly diagnosed victims of the 2004 Tsunami in South Asia with *PTSD* after administering the Western-based Harvard Trauma Questionnaire (Watters, 2010). Watters argues that the Harvard Trauma Questionnaire was not adapted to culturally align with Sri Lankan culture, and therefore scores of Sri Lankans were incorrectly labeled with a Western mental health diagnosis. Consequently, various Western organizations in Sri Lanka promoted the treatment strategy of individual therapy (talk therapy) as the primary way to heal from the disaster. This move infuriated local Sri Lankan mental health professionals who argued that Western intervention caused further confusion amongst the local population (Watters, 2010).

Manifestations of distress linked to combat vary according to culture, place and time (Bracken et al., 1997; Desjarlais et al., 1995; Watters, 2010). “Local communities are likely to have indigenous ways of interpreting their experiences which may conflict with a bio-medical

model which requires categorizing the manifestations of distress as potential symptoms of pathology” (Spears, 2007, p.12). Research has shown that explicit symptoms of combat-related anguish are not universal (Honwana, 2006; Igreja et al., 2010; Oakes, 2004; van de Put & Eisenbruch, 2004). Body aches and pains and the infiltration of spirit mediums continue to dominate popular mental health discourse in specified non-Western nations. Detailed manifestations of particular combat-related strain in three non-Western communities will be provided in Chapter V. Additionally, extensive revelation of traditional Acholi manifestations and interpretations of disease and illness are furthermore provided.

Acholi

The Acholi of northern Uganda are no exception to indigenous and localized interpretations of illness, health and the effects of war. Acholi values are deeply embedded in cosmology and spirits of deceased ancestors (Remigio, 2010). Spiritual mediums historically interpreted and diagnosed mental and physical sufferings in life (Finnstrom, 2008; Harlacher et al., 2006). For instance, the Acholi believe in the notion of *cen* which is the malevolent spirit of a deceased person that has entered into the living sufferer. *Cen*’s manifestations surface in a variety of manners, but a major symptom of *cen* is disturbances in sleep. Without acknowledging and respecting *cen*, Western therapeutic interventions run the risk of being both ineffective and unethical. “The meaning and importance of such phenomena as nightmares and vivid memories vary from culture to culture and any treatment which ignores the cultural aspects of these and other phenomena will tend to be unsuccessful” (Bracken, Giller & Summerfield, 1995, p.1076). The Acholi community believes in specific and local ways of interpreting and eradicating *cen* via rituals and ceremonies. Detailed depictions and examples of these rituals and ceremonies

practiced for *cen* and other Acholi beliefs associated to illness and war will be discussed in Chapter V.

The objective of this study is to comprehensively explore the ways in which reception centers chose to work with formerly abducted youth in northern Uganda post LRA. The next chapter provides a thorough discussion of the theoretical orientation and methodology of the study. Chapter Three describes the historical and sociopolitical avenues of the Acholi culture, the Lord's Resistance Army, abducted children used as combatants, and reintegration in northern Uganda. Chapter Four presents the Western construction of combat-related trauma, its history and global applicability. Chapter Five offers insight into non-Western manifestations of combat-related distresses with special attention on the Acholi collective. The final chapter aspires to deepen clinicians' understanding of the inherent magnitude of appreciating and respecting cultural variations of the manifestations of combat-related distress in non-Western communities. Additionally, it seeks to offer potential guidelines for clinical social work with this population.

CHAPTER II

METHODOLOGY

In this chapter, I lay out a theoretical framework for the subsequent chapters of the study. As previously discussed, the focus of this study is on the historical underpinnings of culturally specific “healing” strategies associated with returning Formerly Abducted Children in northern Uganda, post captivity in the Lord’s Resistance Army rebel group. The purpose of this study is to examine whether Western-based “combat-related trauma theory” can align with the traditional collective values and healing practices of the Acholi people in northern Uganda.

In essence, detailed explorations of the following questions are provided. Were the Acholi cultural healing traditions maintained during reintegration with former abductees? Are Western mental health practitioners culturally aware of the distinctions between the Western world and that of Acholi youth? Did Western psychological modalities dominate intervening ideals with formerly abducted youth? Were Western concepts of combat-related trauma translated or adapted to fit the Acholi culture? Can notions of the Western construction of combat-related trauma and traditional Acholi values align and work mutually? In what ways can Western mental health practitioners adapt combat-related trauma theory to culturally align with the traditions and healing practices when attempting to reintegrate formerly abducted youth in northern Uganda? And, is it ethically/culturally appropriate to introduce individualistic, Western based mental health theoretical approaches to this collective, non-Western society? How often is culture disregarded when intervening in non-Western communities with mental health ideology?

How can clinical social workers rooted in Western-based combat-related trauma provide a culturally ethical framework for non-Western sufferers of emotional combat-related stress?

This discourse will be considered by analyzing this phenomenon through two theoretical lenses: Western-based “Combat-Related Trauma” and “Non-Western Manifestations of Combat-Related Distress.” This chapter commences with a broad overview of the methodology of the study, chapter by chapter followed by a section defining the key terms associated with this particular phenomenon. In brevity, I will subsequently introduce fundamental concepts of the theories and provide my rationale for choosing each. Additionally, I will validate my selection of World Vision and GUSCO as the two reception/reintegration centers featured in this study. Finally, I will provide the rationale for why I believe this study is beneficial to clinical social work and its current limitations and biases.

Methodology: Overview

This theoretical thesis consists of six chapters. The first presents an introduction to the purpose, population and phenomenon of the study. The second chapter delineates significant concepts and further outlines the structure of the study. In the third chapter, I provide an extensive detail of the history of the Acholi people, children used as combatants, war, and reintegration ideology. The fourth chapter is an explication combat-related trauma theory. The fifth chapter provides insight into the non-Western cognitive manifestations of war. Finally, the sixth chapter uses the theoretical perspectives of chapters four and five to discuss the experiences of war affected youth in northern Uganda. Through the application of these two lenses, I propose theoretically grounded suggestions for clinical practice with this population.

Definition of Terms

It is important to deconstruct the term *tradition/traditional*; as the Acholi use numerous terms and phrases to express what constitutes *tradition/traditional*. For instance, there are different terms in the Acholi language such as: *cik Acholi* (the law of Acholi), *tic Acholi* (Acholi rituals and procedures), and *kit ma Acholi macon gitimo* (the way Acholi did it in the old days) (Harlacher, et al., 2006). An arduous task is interpreting what the “old days” signifies in Acholi culture. As we shall see *traditional* Acholi values were manipulated and altered with European invasion. However, the Acholi collective have shared and exchanged beliefs and ideas with external forces since the inception of their existence. Therefore, even when considered in the distant past, *tradition/traditional* must also be acknowledged as dynamic and in a constant flow of development and change (Harlacher et al., 2006). It is therefore essential to highlight that no concrete, objective definition of the term *tradition/traditional* will be applied in this study. Instead, *tradition/traditional* will most specifically signify the pre-colonial European invasion of Acholiland.

Considering that this study is primarily about children used in combat, it is vital to define the terms *child* and *abducted child*. What objectively constitutes a *child* has been debated for years and varies across cultures, and therefore a definition of childhood cannot be globally universalized (Francis, 2007; Honwana, 2006). However, this study uses the definition from the 1997 Cape Town Symposium on “child soldiers.” According to this article, an *abducted child* is defined as, “any person under eighteen years of age who is a part of any kind of regular or irregular force or armed group in any capacity including, but not limited to cooks, porters, messengers and anyone accompanying such groups, other than family members” (Francis, 2007, p. 210). Reasons for excluding the term *child soldier* in this study are provided in Chapter III. It

is important to note that a number of returned abductees – *returnees* – were above the age of 18 when brought to reception centers and received identical treatment as children.

Defining the term *trauma* is essential to further understand theories associated with it. In the Western world, *trauma* is defined as “a psychic injury, esp. one caused by emotional shock, the memory of which is repressed and remains unhealed; an internal injury, esp. to the brain, which may result in a behavioral disorder of organic origin. Also, the state or condition so caused.” (Oxford English’s online dictionary, n.d.). Chapter IV presents Judith Herman’s (1992) definition and description of the term, trauma. Chapter V offers various deconstructions of the global expansion of the Western term. Comprehending via a Western lens, *combat-related trauma* is the physical and mental negative consequences of direct combat in battle and the non-combat related duties of war (Hoge, Castro, Messer, McGurk, Cotting, & Koffman, 2004; Institute of Medicine, 2006; Loveland, 2009). *Combat-related trauma* will be fully explored in Chapter V.

The phrase *non-Western community/culture* is a prominent component of the study, and depictions of the concept may vary cross-culturally. For the purpose of this study, *non-Western community/culture* is defined as a community disconnected from North American and European values, practices, beliefs and ideals. These communities – that prefer collectivity over individualism – vary significantly from those of mainstream, conventional Western ideology. *Non-Western community/culture* usually constitutes communities located in Asia, Africa, Latin and South America, and Eastern Europe. It must be noted that non-Western communities clearly exist in Western countries; although beliefs and values misalign with popular Western discourse.

Combat-Related Trauma Theory

Combat-related trauma theory incorporates the various emotional stressors of war which constitute killing an enemy, witnessing the death or serious injury of a colleague/friend, fearing everyday surroundings, feeling ashamed, helpless and guilty, isolation from familiarity, loss of a belief in a higher power, a feeling of doom, etc. (Nash, 2007). Although universal manifestations of war are absent, significant research has shown that human beings are innately and emotionally affected by war and combat (Guarnaccia & Farias, 1998; Honwana, 2006; Igreja et al., 2010; Oakes, 2004; van de Put & Eisenbruch, 2004; Watters, 2010). Thus, combat-related trauma theory provides essential and pivotal insight whilst exploring the harsh effects of combat worldwide.

Although discussed at length in Chapter IV, combat-related trauma originated in the Western world and stemmed out of *shell shock* subsequent to World War I. Consequently, those treatment strategies developed to diminish or alleviate the troubling effects of combat were initiated through Western manifestations of distress (Loveland, 2007). Specific therapeutic interventions included individual and group *talk therapy* sessions with the ultimate aim of internally processing and re-exposing oneself to the troubling event (van der Kolk, McFarlane, & Hart, 1996). Usually, these talk therapy sessions were conducted by an unbiased mental health professional, while sitting in a small room, exploring the sufferer's areas of distress and discomfort.

These intervening methods of treatment appeared to assist and support Western sufferers of combat-related trauma. However, it is my belief that globally expanding this phenomenological theory and treatment method needs to be applied with superlative caution. I specifically chose to analyze formerly abducted children in northern Uganda via a Western

combat-related trauma lens for multiple reasons. The first is that *combat-related trauma theory* essentially provides a useful scaffolding of the harsh effects of combat. Although the pragmatics of war oscillate according to time and location, similarities such as killing, maiming, raping, and fighting are similar international characteristics of warfare. A majority of abductees in the LRA were forced to commit atrocious acts of violence, and surely many of the youth struggled to make sense of the meaning surrounding their actions. Combat-related trauma theory offers a critical angle in terms of comprehending how people *may* react to such harrowing and deplorable acts of violence. However, the paramount use of *combat-related trauma* in this study relates to the avenues in which the theory was so abstractedly applied to a collective of beings – the Acholi during reintegration processes – with substantially varying cultural underpinnings.

Non-Western Manifestations of Combat-Related Distress

How is mental illness perceived in non-Western societies? What are the varying manifestations of distress cross-culturally? What are effective healing strategies for individuals and communities whose life philosophies are discordant with popular Western discourse?

A fundamental consideration when one evaluates the effectiveness of mental health intervention around the globe is the prevailing influence of various cultural practices, and how culture affects the experiences and expressions of anguish from its origin (Kirmayer, 1989). Western mental health has recognized and labeled numerous “universal” idioms of distress that clearly do not align globally. The histories and constructions of terms such as *trauma*, *depression* and *stress* are simply not universally represented cross-culturally (Fabrega, 1997; Kleinman, Eisenburg, & Good, 2006; Summerfield, 2004; Watters, 2010).

Social, political and historical factors such as gender, ethnicity, political factions and economic status have considerably contributed to the rise in world mental health illness

(Desjarlais, Eisenberg, Good, & Kleinman, 1995). Some of these factors would provide privilege in certain communities and oppression in others.

Depicting non-Western manifestation of distress related to combat is vitally important for this study. Chapter V explores the global expansion and westernization of combat-related trauma through specific studies. Local symptomology of combat-related distress are offered through case examples in Cambodia, El Salvador and Mozambique.

As stated, a detailed description of the Acholi's emotional manifestations of war are further provided in Chapter V. Coupled with this are specific local traditional practices, ideals, and beliefs associated with illness, death, and killings related to war are provided. Historically, how have the Acholi people responded to the psychological effects of war and killing?

World Vision and GUSCO

This study concludes with a description of the therapeutic models of World Vision and GUSCO when exploring the reintegration framework of formerly abducted youth in northern Uganda. An extensive description and key elements of the reception centers' is presented in Chapter VI.

World Vision is a Christian-based international relief organization that is embedded and operates strictly within the confines of Christianity (Akello, Richters, & Reis, 2006; World Vision International 2010). GUSCO originated through a group of concerned local women in Gulu Town, who believed reintegrating former abductees back into society was vital to post conflict development in northern Uganda. Unlike World Vision, GUSCO is not embedded in Christian values and abides by a more holistic approach.

Relevance to Clinical Social Work

The relevance of this thesis to the profession of social work is highly significant. Warfare is a global phenomenon that has inundated and besieged countless communities since the dawn of time. Social workers continue to habitually receive combat-related stress/trauma training in the Western world for appropriate reason. With the United States' current active involvement in Iraq, Afghanistan, Pakistan, Libya and Somalia, combatants will inevitably return to their homeland with feelings of apathy, disconnect, trouble, anxiety, fear, and discomfort. It is vital for mental health personnel to be competent and well equipped to maintain therapeutic relationships with those who have experienced combat-related distress.

Consequently, this study is more appropriate and valuable for those Western mental health workers desiring to provide relief for non-Western, less economically developed societies that are psychologically recovering from combat-related trouble. When war erupts or natural disasters occur in impoverished nations, Western mental health personnel frequently travel to those nations with the intent of *helping*. Although the intent is courageous, brave and selfless, if not applied with an ethical cultural framework, results have proven to create further discomfort among the local population (Annan et al., 2003; Watters, 2010).

Since the onset of Posttraumatic Stress Disorder, American and Western European trained mental health professionals have industriously exported terminology, ideas and intervening philosophies worldwide. Again this way of helping has routinely been implemented with admirable intentions. However, in many circumstances Western workers often fail to forecast the underlying cultural implications of such work (Watters, 2010). What may eventually ensue is an unintended outcome for both the emotional sufferers of stress and the mental health providers. If misaligned Western therapeutic modalities are exercised, the local's discomfort may

exacerbate, and the Western mental health worker may experience frustration that her work is not beneficial.

International social work is continuously and visibly becoming a prominent discourse. Social workers interest in global mental health concerns are expanding. If approached with unreserved caution, the partnership between non-Western victims of distress and Western social workers could potentially cultivate ethically effective methods of healing. This study aims at painting a complete picture of the Acholi culture's *traditional* values and if/how they were maintained whilst emotionally recovering from deplorable acts of inhumanity. Although the Acholi culture is highlighted in this precise study, the general underpinnings parallel those of non-Western culture and Western mental health intervention. Those with the intent of pursuing international social work may find this study beneficial.

Study Biases and Limitations

The study's methodological biases include my personal experiences of living, studying, volunteering, interning and traveling in several non-Western countries. The previous nine months consisted of researching and writing most of this study, whilst living among the Acholi of northern Uganda. During this experience, I became actively involved in dialoging with formerly abducted youth, Western and local mental health workers, clan elders, traditional healers, and those who aided in the reintegration process of formerly abducted youth. Combined with a comprehensive review of the literature pertaining to this subject, my experiences and personally sensitive feelings on the subject have perhaps skewed my perceptions of this topic.

I am fully cognizant of the reality of my white, Western, male privileged status while conducting this research. I am essentially what I have chosen to research – a Western mental health worker in a non-Western community. My cultural background, values, assumptions, and

lenses for analyzing the world are inevitably influenced when working, discoursing, and writing about the Acholi of northern Uganda.

A major limitation of this study is its theoretical framework. Although I was honored to converse with experts on this subject, the study is essentially an analysis of the literature. An empirical study involving Western and non-Western health workers in northern Uganda, formerly abducted youth, caretakers, religious leaders, cultural leaders and clan elders would be the optimum means of gaining a broader awareness of the reintegration process and its effects on formerly abducted youth in Gulu, northern Uganda. Although an empirical research assignment was not conducted, exploring this phenomenon via two theoretical ideologies provides profound understanding of the study and considers a formulation of the application of these two theories in clinical work with this and other non-Western populations.

The following chapter embarks on the extensive exploration of the study's phenomenon.

CHAPTER III
THE PHENOMENON OF NORTHERN UGANDA, THE ACHOLI CULTURE AND
CHILDREN IN CONFLICT: ANALYZED VIA COLONIZATION, THE LORD’S
RESISTANCE ARMY AND CULTURALLY SENSITIVE REINTEGRATION
IDEOLOGY

This study examines whether Western-based construction of “combat-related trauma theory” can support traditional collective values and healing practices of the Acholi people in northern Uganda. In order to consider this phenomenon, a detailed description of the historical and sociopolitical aspects surrounding Uganda and the Acholi people is presented first in order to set the context for the reader.

This chapter opens with an overview of Uganda and the Acholi tribe of northern Uganda. The first section describes the topography of Acholiland and addresses the history and culture of the Acholi people. Emphasis is placed on colonialism’s deep impact on Uganda and specifically the Acholi, while paying special attention to Christian missionaries and the introduction of Westernized education.

The second section is a description of the history of violence in Uganda and precisely among the Acholi tribe. Acholi resistance is detailed which ultimately led to rebel groups such as Alice Lakwena’s Holy Spirit Movement Forces and Joseph Kony’s Lord’s Resistance Army.

Finally, information is presented that describes the global use of children in war, with special interest to Africa and northern Uganda. Particular attention is given to formerly abducted children who spent time in captivity with the Lord’s Resistance Army. I examine the two

reception centers most utilized for the reintegration into society of formerly abducted youth in Acholiland, World Vision and Gulu Support the Children Organization (GUSCO). Lastly, I briefly deconstruct global and Western ideas of mental health that are utilized with formerly abducted youth in northern Uganda.

Uganda

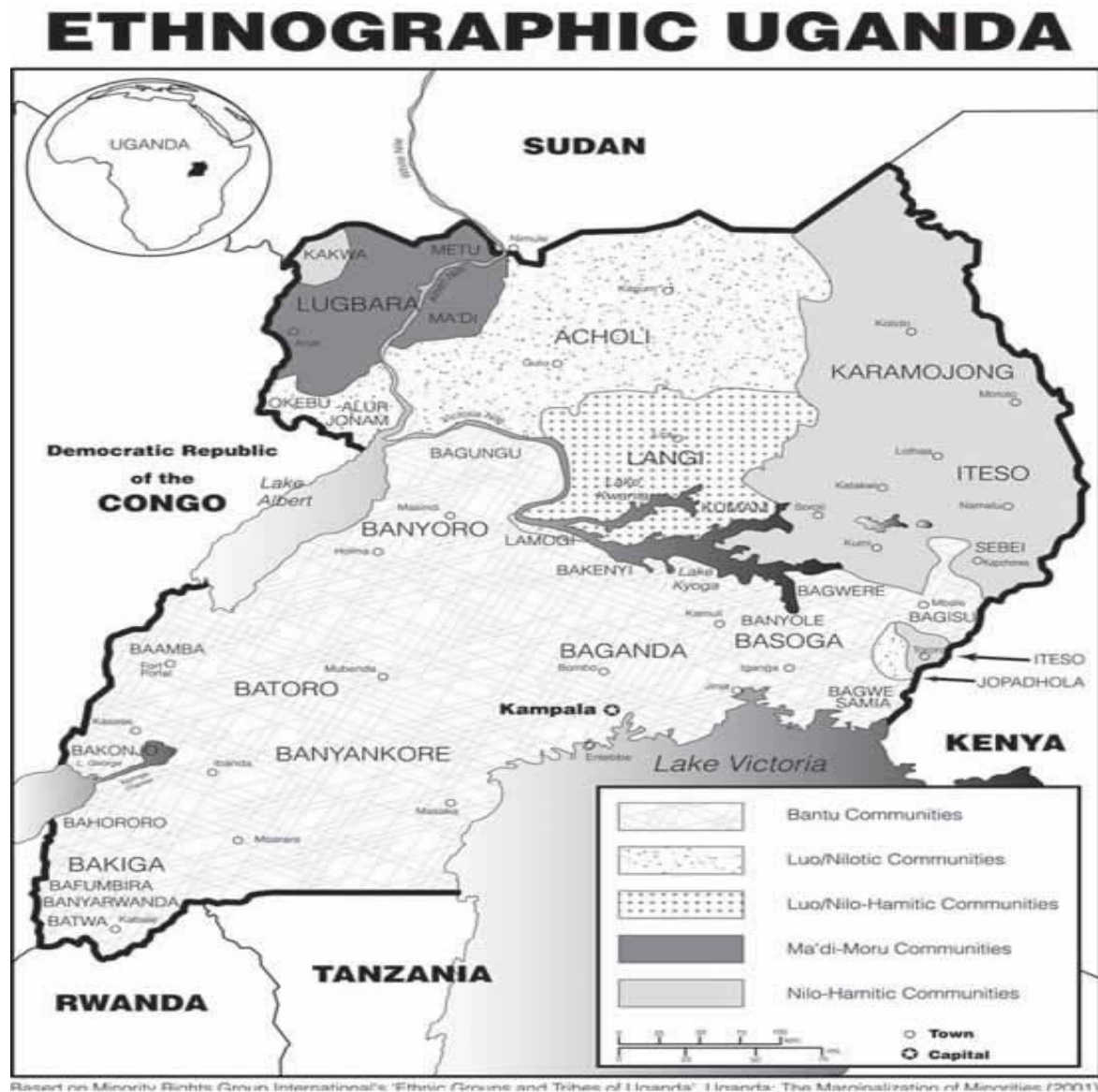
The Republic of Uganda lies across the equator in the Eastern Region of the African Continent. This landlocked country borders Kenya in the east, Tanzania and Rwanda in the south, the Democratic Republic of the Congo in the west, and Sudan in the north. In 1908, Uganda was called the “Pearl of Africa” by Winston Churchill due to its diverse physical features, its fine climate and natural resources and hospitable people (Remigio, 2010; UNDP, 2005). Despite lying on the equator, Uganda’s plateau tropical climate remains moderate on account of its elevation which ranges from 600 – 1500 meters above sea level (UNDP, 2005). Uganda is composed of mountains, rivers, lakes, and arid terrain. Seventy percent of Uganda consists of grassland, woodland and forest (U.S. Department of State, 2010). Present in Uganda’s southeast is a large portion of Lake Victoria, the world’s second largest in land fresh water lake (UNDP, 2005). Lake Victoria makes up the base of the Nile River which flows north to Egypt. Uganda’s physical size is slightly smaller than the U.S. state of Oregon, and the population is approximately 30.9 million (U.S. Department of State, 2010).

The Acholi of Northern Uganda

Given that this study addresses the conflict in northern Uganda, it is worth noting that the three tribes most affected by the war were the Acholi, Teso and Lango (Remigio, 2010). For the purposes of this research, I intend to focus exclusively on the Acholi tribe who reside in the

districts of Amuru, Lamwo, Kitgum, Pader, Gulu and Nyowa of northern Uganda (Allen, 2006; Finnstrom, 2008; Remigio, 2010).

Topography of Acholi Land



Prior to describing the precise composition of the Acholi, it is worth noting that it remains nearly impossible to document the historical underpinnings of the culture without also including the war/conflict and colonization's profound impact on this society. Some of the

traditional Acholi lifestyles were altered by conflict and colonialism. I will further specify war/conflict and colonial influences in the succeeding section, while currently attempting to articulate pre-colonial Acholi history.

The Acholi are one of approximately 65 ethnic groups in Uganda with a population of nearly 1.2 million (Oodol as cited in Corbin, 2008; Uganda Bureau of Statistics, 2002). The Acholi area stretches across a vast majority of the northern of Uganda with the boarder of Sudan and covers nearly 11,000 square miles (Atkinson, 1989). The Acholi live within a vast diversity of forests, plains, dry lands and rivers. This area of northern Uganda has been referred to as the breadbasket of Uganda, and the land signifies pride, unity, peace, wealth and life for the Acholi (Remigio, 2010). The fertile land supports hunting, fishing and farming. Wood from the forests is used for fuel and building houses (Atkinson, 1989; Harlacher, Okot, Obonyo, Balthazard, & Atkinson, 2006; Remigio, 2010). Major food crops of the Acholi are plantains, cassava, millet, sorghum, maize, sweet potatoes, beans and groundnuts; while the major cash crops of the area are coffee, tea and tobacco (Kasozi, 1999; Odoki, 1997). Animals such as goats, sheep and cattle are reared for domestic use. The wealth of a family is often determined based on the number of animals they possess, with particular interest in cattle. Many elders regard cattle as the highest form of wealth in the Acholi culture (Finnstrom, 2008; Harlacher et al., 2006; Odoki, 1997).

History and Culture of the Acholi People

The history of the Acholi people can be traced over several hundreds of years primarily through oral tradition. The Acholi tribe constitutes predominantly the Nilotic people of the Lwo ethnic group (Atkinson, 1984; Harlacher et al., 2006; Remigio, 2010). The Acholi are one of three tribes within the Lwo ethnic group, and the two other tribes spread across Uganda, Sudan and Kenya (Finnstrom, 2008; Harlacher et al., 2006; Remigio, 2010). The fundamental social

structure of the Acholi tribe which is the family and a household is regarded as the smallest unit (Harlacher et al., 2006; Odoki, 1997; Remigio, 2010). According to Acholi culture, a gathering of family-related households constitutes a village, a number of villages form a sub-clan, a congregation of sub-clans creates a clan, and an assembly of clans forms the Acholi tribe (Atkinson, 1989; Remigio, 2010). By the end of the 19th Century there were approximately 350 clans in the region (Remigio, 2010).

The *chiefdom*, which is comprised of several clans, is perhaps the biggest social organization of the Acholi tribe (Atkinson, 1989; Harlacher et al., 2006, Odoki, 1999). Chiefdoms are under the rule of one chief, called a *Rwot*. The role of the *Rwot* was severely minimized during the colonial period. Every Acholi person holds the responsibility of being a *Rwot* in his or her own house (Atkinson, 1989; Remigio, 2010). A *Rwot* is governed through a council of elders - *ludito kak* - who are the representatives of various villages (Harlacher et al., 2006). It is the council of elders' responsibility to contribute his (male specific) opinion about explicit issues raised by the *Rwot*. A final decision regarding a *Rwot*'s ruling is a consensus of the clan of elders' summaries (Atkinson, 1989; Remigio, 2010). It is important to note that the primacy and power of the *Rwot* was limited, and each village of the chiefdom remained highly autonomous to rule by consent rather than domination (Harlacher et al., 2006, Odoki, 1999). Finally, the *Lwos* never formed one single and social organization, but instead remained grouped under chiefdoms. They did, however recognize one another as people of the same origin with parallel cultural and social behavior (Odoki, 1999).

The Acholi abide by a strict gender-normative regime. In each household there is a hierarchal division of labor where the status of the wife is lower than that of the man (UNICEF, 2005). The wife's duties focus on cooking, cleaning, weeding, harvesting crops, bearing

children, and kneeling down when greeting their husbands and visitors (Odoki, 1999). The men's job in society was traditionally seen as looking after cattle, hunting, providing physical protection, and warfare (Harlarcher et al., 2006; Odoki, 1999). Today men still generally maintain the "bread winner" role, and essentially leave a majority of the household work to their wives. Men can have more than one wife, while it is frowned upon for women to maintain more than one partner (p'Bitek, 1984).

Collectivism in Acholi Culture

Speaking in general terms, African values are deeply embedded in collectivism rather than individualistic ideals (Honwana, 2006; Kanya, 1997). Connection amongst people is a vital concept in many African societies; an individual's existence is recognized through associations to other people and his/her relationship to the larger community (Corbin, 2008). Collectivist societies stress greater interest in communal self-esteem and social responsibility than cultures that rely on individualism (Watson & Morris, 2002).

The Acholi mirror the collective ideology of the broader African context. A human resource employee for a large non-government organization (NGO) in Gulu, northern Uganda stated, "Raising children should be a collective responsibility...if a child is not properly disciplined by the community, that person could essentially be harmful to the entire community by stealing your goat or stealing from your house" (Opiyo Masimo, personal communication, November 3, 2010). In the Acholi culture, to be considered human constitutes more than the individual. Instead, being human relates to an individual's connection and responsibility to the entire community (Corbin, 2008; Odoki, 1997; Remigio, 2010). Traditional beliefs of the Acholi are based around an interdependence model where an individual's actions through life are performed with the sake of the community (Corbin, 2008; Remigio, 2010). Additionally, an

individual's possessions are not conventionally owned by him or her, but instead the family or community.

Examples of Collective Practices

Two traditionally important collective practices performed by the Acholi are the *wango oo* and traditional dance (*myel*) (Finnstrom, 2008; Harlacher et al., 2006; Odoki, 1997). These activities were a regular part of Acholi life preceding colonization and the recent war. When detailing the *wang oo*, Harlacher et al. (2006), describe this tradition as:

Wang oo is often mentioned with great nostalgia in present-day Acholi. The term denotes both the central fireplace where people gathered and the activities that took place on such occasions. Many today (2006) consider the *wang oo* one of the most important institutions of Acholi culture and regard it as the informal school of the Acholi. Indeed, it must have been at the *wang oo* where vital elements of the cultural heritage of Acholi were passed on from generation to generation (p. 37-38).

The activities that took place at the *wang oo* ranged from folk stories, proverbs, riddles, and general information sharing for both amusement, educational, and psychological purposes (Finnstrom, 2008; Harlacher et al., 2006; Odoki, 1997; Okumu, 2005). Younger children were encouraged to share stories in order to gain verbal competence and speaking abilities in front of an audience (Okoh, 1993). The elders were the main contributors of the *wang oo* and often taught the youngsters about the history of their clan and chiefdom. Additionally, information on taboos, rituals and expectations of the community were passed on at the *wang oo* (Harlacher et al., 2006). Finally, and perhaps most important to conflict and problem situations, the *wang oo* provided a collective space for discussion and potential solutions to conflicts as both sides of the

issue had an opportunity to explain the root of their distress (Finnstrom, 2008; Harlacher et al., 2006; Okum, 2000). The elders would come to a consensus on a decision and further discuss how similar situations could potentially be avoided (Harlacher et al., 2006; Odoki, 1997).

Another treasured collective activity in Acholi culture is dancing or *myel*. The Acholi culture had a wide variety of dances based on specific occasions. For instance, the royal dance or *bwola* was danced in honor of chiefs or important visitors, *larakaraka* was a courtship dance mainly performed by youth, cosmology and spirituality dances were popular, and funeral dances took place during funeral rites (Harlacher et al., 2006; Okum, 2000; pa'Lukobo, 1971). Perhaps the most significant impact of the various dances at social functions was their role in coping with different forms of distress which then released a variety of emotions (Harlacher et al., 2006). The *myel* was a time to express diverse emotions through the support of the community. Collectivism amongst the Acholi will be further detailed when describing specific cultural beliefs of mental health issues.

Indigenous Spiritual and Religious Beliefs of the Acholi

It is essential to highlight the importance of spirituality inherent in this population before illustrating the profound impact of colonization on the Acholi people. Similar to collectivism, indigenous African people generally consider themselves to be spiritual beings, as religion tends to be one of the most powerful aspects of traditional African culture (Mbiti, 1990; Vilanculo, 2009). Spirituality in Africa is a broad sweeping phenomenon that may encompass various philosophies (see Kalilombe, 1994). For instance, what constitutes spirituality? Is it traditional African beliefs, Christianity, Islam, or a combination? Thus, for the purpose of this study spirituality – in an African context – can be defined as, “...the attitudes, beliefs and practices that

reach out towards the super-sensible realities: God, the spirits, and the invisible forces in the universe” (Kasambala, 2005, p. 317).

The Acholi consider themselves to be spiritual beings. This fundamental belief has shifted with the introduction of Christianity by the missionaries that will be further detailed in the colonization section of the study. The introduction of Christianity and other outside religions (Islam) have intertwined with traditional Acholi spiritual beliefs. Therefore, when speaking of present day Acholiland it is rather difficult to disconnect the two. However, every effort in this portion of the paper will aim to focus on the traditional beliefs of the Acholi without outside influences.

All of Acholi culture is deeply rooted in spirituality and religion (Behrend, 1999; Corbin, 2008; Finnstrom, 2008; Harlacher et al., 2006; Odoki, 1997; Remigio, 2010). Okot p’Bitek, a son of Acholi, wrote that before colonialism the Acholi people did not believe in an omnipresent “high god” with supreme powers, nor was the religion focused on eternal life after death (Harlacher et al., 2006; p’Bitek, 1984). Instead, spiritual or religious practices were focused on diagnosing and interpreting causes and misfortunes related to illness and various misfortunes in life (Finnstrom, 2008; Harlacher et al., 2006).

In traditional Acholi society, cosmology and the focus of the ancestors played a central role. A vital term of Acholi cosmology is that of the *jok* (plural *jogi*) which is the base of all Acholi religious, and spiritual practices (Behrend, 1999; Harlacher, et al., 2006; Odoki, 1997; Remigio, 2010). “The basic religious beliefs and practices [of the Acholi] are centered on the *jok*, which is the belief in the spirits, deities and other superhuman manifestations.” (Odoki, 1997, p.21).

Essentially, the *jogi* consist of mystical beings of the spirits of those who passed on in an earlier period (Remigio, 2010). The *jok* would be turned to by community members in order to interpret problems, bring good luck to the community, and provide affluence (Allen, 2006; Remigio, 2010). In order to connect with the *jok* an *ajwaka*, the local term for diviner, spirit medium or witch doctor, must be present (Allen, 2006; Behrend, 1999; Harlacher et al., 2006). Many *ajwaka* were permanently possessed and could call on *jok* at will for various events or situations (Allen, 2006). Each clan had its own *jogi* with a supreme *jok* that dealt with the highest matters of the clan (Remigio, 2010). Typically, once a year clan members offered sacrifices to the *jok* at shrines that were found in essentially every homestead (Harlacher et al., 2006).

Acholi Traditional Concepts of Disease and Illness

The Acholi collective *traditionally* (please refer to the *Definition of Terms* section of Chapter II) believe in two types of disease, the normal disease and spirit related disease (Harlacher et al., 2006). *Normal* diseases are caused by physical or physiological agents (i.e. dust, heat, cold, old age, malaria, viral and fungal infections) which have traditionally been treated with herbs/natural medicines and health units or hospitals (Harlacher et al., 2006). *Spirit* related diseases stem from spiritual agents such as ancestors sending mild illness as a response to the misconduct of clan or family members (Harlacher et al., 2006). Ways of dealing with these issues are in the purview of the *ajwaka*, elders and ritual performers (Harlacher et al., 2006).

Colonization Influences in Uganda and the Acholi Collective

Since the early 1800s, the continent of Africa has been ravaged by outside colonial forces that have altered traditional African lifestyles. Colonial Africa provides a fruitful examination on how external interventions can ultimately maintain lasting impacts on people's beliefs and values (Nunn, 2010; Watkins, 2005). The major colonizing countries of Africa were Britain, France,

Portugal, Belgium and Germany. The Berlin Conference of 1884-1885, was an unforgiving invasion of the African continent by Germany, Britain, France and Portugal (Klima, 2010; Watkins, 2005). The ruling white colonizers justified their actions based on what they saw as progression, enlightenment and modernization to a wholly desolate and unproductive land and primitive people (Reddy, 2010). In the early stages of the colonizing period, Africans were initially interested in the whites who had come to their land with goods such as metal and textile items (Klima, 2010). However, it did not take long for the original inhabitants to rebel against the white invaders, once they realized they were being subjugated and oppressed (Kilma, 2010).

Uganda was no exception to colonization. The British moved into what is today Uganda around the early 1860s, when European exploration on the continent of Africa was what appeared to be the “paradigm of the day” (Finnstrom, 2008, p.30; Kasozi, 1999). A chief influential aspect having to do with European interest in Uganda was its production of cash crops such as cotton, sugar, coffee, rubber and tea (Kasozi, 1999). When the colonizers first arrived in Uganda, they considered the native Ugandans as the “other” and applied their own rule on the colonized local people. In 1902, the Ugandan Order in Council was signed which formalized the authority of the British administration in the protectorate (Kasozi, 1999). This legislation stated that, “African traditional laws and customs were allowed to operate provided they were not repugnant to justice and morality and written law” (Kasozi, 1999, p.22).

The British taxed the local Ugandans while combining numerous Ugandan ethnic groups under one viable administrative structure which eventually became the Ugandan state (Kasozi, 1999). In the latter years of British conquest in Uganda, nationals began to struggle for basic human rights as they were entirely subjugated by the British, and considered “raw savages” (Kasozi, 1999, p.24).

Colonization of the Acholi

In the 1850s a group of Arab-speaking Sudanese traders arrived in northern Ugandan in quest of ivory and slaves (Atkinson, 1989; Finnstrom, 2008). The slave and ivory trade devastated the area, but the Sudanese traders were soon overrun by an Egyptian Arabic-speaking group whose mission was quite similar to their predecessors. Finally, British explorer Samuel Baker was given credit with halting the Ugandan slave trade in 1872, after he first entered Acholiland in 1863 and defeated the Arabs (Atkinson, 1989). Another powerful and influential European who aided in the colonization of northern Uganda was John Hanning Speke. The European colonial rulers credit themselves with forming what they perceived as an overall ethnic unity of the Acholi collective, by combining various ethnic groups (Finnstrom, 2008). However, upon further analysis, one uncovers the underlying phenomena that contradict the European beliefs.

Ambitions to unite the Acholi were configured by the British as a strategy to better control the protectorate. The British administration in Uganda was notorious for electing Acholi chiefs who chose to cooperate with the colonial administration (Finnstrom, 2008, Kasozi, 1999). Thus, numerous chiefs were dismissed or retired. The roles of the *rwot*, the clan, and chiefdom were all weakened by the colonial administration (Harlacher et al., 2006; Odoki, 1997). The British also imposed taxes, confiscated firearms and forcibly recruited porters from the Acholi.

As mentioned earlier Samuel Baker is credited with ending the Arab slave trade amongst the Acholi collective. However, reading through Baker's and fellow traveler John Hanning Speke's travelogues leads one to question the underpinnings of their motives in northern Uganda. The overt racism towards the Acholi is undeniable.

When speaking of the Acholi people, Baker claims,

The treachery of the negro is beyond belief; he has not a moral human instinct and is below the brute. How is it possible to improve such abject animals...they are only fit for slaves to which position their race appears to have been condemned. I believe that if it were possible to convert the greater portion of African savages into discipline soldiers, it would be the most rapid stride towards their future civilization ... A savage who has led a wild and uncontrollable life must first learn to obey authority before any great improvements can be expected (as cited in Finnstrom, 2008, p. 59-60).

In addition, Speke chose to express his true feelings towards the Acholi in some of his travelogues. While writing about the Acholi, he claimed, "To look upon its resources, one is struck with amazement at the waste of the world: if instead of this district being at the hands of its present owners, it were ruled by a few scores of Europeans, what an entire revolution a few years would bring forth" (Speke, 1864, p.344) . He added, "At present the natural inert laziness and ignorance of the people is their own and their country's bane" (Speke, 1864, p.344).

Christianity and Colonization

Although Islam spread throughout Africa and specifically Uganda with the Arab slave and ivory traders, this study focuses on Christianity because of its profound and current influence on the Acholi of northern Uganda. Christian Missionaries have been involved on the African continent since the time of Christ and the Roman Empire (Pinkman, 2010). The missionaries first landed on the coasts of Africa and later infiltrated into the interior. "As soon as the first routes towards the interior were opened, the Church felt the responsibility for the evangelization of the people living there." (Pinkman, 2010, p.10). Due to the influential impact of the Christian missionaries, life in Africa became distorted and traditional beliefs were slowly transformed to

align with Western Christian ideals and the international Christian community (Crutchley, 2003; Page, 2008).

Missionaries in Uganda

In 1877, the British established the Church Missionary Society (CMS) in southern Uganda (Karugire, 1978). Originally, the European missionaries came with the idea of exclusively preaching the word of Christianity and to civilize the land (Wandira, 1978). This purpose differed from the Arabs attempt to penetrate religion, which had an underlying motive of trading and dehumanizing the locals and their land. CMS imposed a regulation stating, “Every missionary is strictly charged to abstain from interfering in the political affairs of the country or place in which he may be suited” (Griffiths, 2001, p.93). In a general sense, this regulation engaged the Ugandan collective because initially their land, crops, and traditional values remained detached from missionary activity.

Although CMS originally claimed to disconnect religion from politics, in due time, the two became intertwined and thus the terms colonialism and missionary were seen as related (see Karugire, 1978). It was the arrival of a faction of white European priests – the White Fathers - in southern Uganda that ultimately confused and frustrated the natives. These priests introduced a brand of Christianity they claimed was more valid than that of CMS (Karugie, 1978; Page, 2008). Strife between the missionary groups ensued which furthered competition between the various religious sects, and ultimately caused insecurity throughout the land. As each missionary group competed to gain extensive power, the natives suffered in their own land which was promptly being taken over by the competing missionary factions. At this point, the spread of Christianity was directly aligned with the colonization and the subjugation of the Acholi people. Due to technological advances such as firearms, the religious leaders were able to physically

overthrow chiefs and leaders of clans throughout Uganda (Kasozi, 1999). Missionary leaders claimed that force was inevitable against the natives because the native leaders “wanted to eliminate them,” but perhaps used weapons to obtain full power and formulate laws based on their new religious beliefs (Kasozi, 1999, p.27).

Missionaries and the Acholi

Stiff missionary competition between the Catholics and Anglican Protestants emerged in Acholiland and Catholicism took the prevailing position. Hence, greater attention is placed on Catholicism in regards to the Acholi. The Comboni Missionaries reached northern Uganda in 1848, and upon arrival assembled the natives to explain their mission and demand the most “suitable place to start a mission” (Pinkman, 2010, p.17). The leader of this group was Daniel Comboni who established and administered his missions in northern Uganda, and later greater Africa on these four major principles:

(1) To evangelize Africa by the Africans themselves; (2) To call the entire Church to promote the evangelization of Africa by engaging the cooperation of all the missionary forces – men and women, religious and lay people; (3) To have human promotion and evangelization go hand in hand; (4) All missionary activities to be directed towards establishing steady Christian communities (Pinkman, 2010, p. 9).

The Acholi lifestyle and religion became radically altered through missionary work as traditional beliefs were slowly overridden by Christianity. The missionaries declared all other spirits – besides God – to be satanic (Harlacher et al., 2006). The priests also condemned traditional healers and spirit mediums (*ajwaka*) and worship for the ancestors as malice. Although the missionaries tended to preach Christianity in exclusive and universal terms, the

Acholi believed that their traditional beliefs and Christian philosophy could co-exist (Harlacher et al., 2006).

Westernized Education

Arguably the most dominant imperializing contributor of Christianity in northern Uganda was the introduction of Westernized education (Behrend, 1999; Finnstrom, 2008; Harlacher et al., 2006; Kasozi, 1999; Wandira, 1978). The missionaries regarded education as one of the most “effective instruments for the salvation of man and the change of his society” (Wandira, 1978, p.81). The church worked exclusively with small educational centers in Acholiland, and eventually took on all responsibilities of education. The Christian church was named the “reading house” and priests were eventually called “teachers” (Finnstrom, 2008; Wandira, 1978). The priests, now teachers, were responsible for acquiring textbooks, training teachers and formalizing the alignment of Christianity and formal Western education in Acholiland (Finnstrom, 2008; Wandira, 1978). Thus, much of Acholi written historical documentation was constructed by outsiders with minimal input from natives,

Much of their [Acholi] history was compiled by the Comboni Missionary Fr Vincenzo Pellegrini and published under the title of Acoli Macon, which school pupils have used for many years. This booklet, the title of which literally means “The Old Acholi,” records the oral history of the great Acholi tribe, whose gallantry has always been acknowledged by everyone (Marchetti, 1999, as cited in Finnstrom, 2008, p.39).

History of Violence in Uganda

The extent and depth of violence Uganda has witnessed and experienced since pre-colonialism to present day is impossible to fully document and describe in this study. Therefore,

an attempt to provide a skeletal foundation for the purposes of this research is proposed. As colonialism and missionary work extended throughout Uganda, the natives became cognizant of their struggles for justice, equality and basic human rights. Due to this growing awareness, various uprisings and riots began in the early 1900s which resulted in many deaths and further marginalization of the natives (Kasozi, 1999). The colonial administrators answered the Ugandans with violence and deportation. In the mid 1940s, the Deportation Ordinance was established to “exile and therefore cripple all those who fought to give African rights equal to those of colonial officials” (Kasozi, 1999, p.27). Hence numerous local leaders were deported to distinctive locations of the country in which they were unfamiliar.

Finally, on October 9, 1962, Uganda gained independence from Britain and became a republic that was no longer dominated by a white governing force (Finnstrom, 2008; Kasozi, 1999). During the years from 1964 to 1985, Ugandans were exposed to levels of violence that were incomparable to other areas of East Africa (Kasozi, 1999). During this timeframe there were six violent and bloody government and institutional transformations (Dodge & Raundalin, 1987; Kasozi, 1999). The first postcolonial government of Uganda was Milton Obote’s nine year regime which is estimated to have killed around 1,000 civilians (Finnstrom, 2008; Kasozi, 1999).

The despot Idi Amin (1971-79), and his brutal dictatorship claimed to have killed close to 500,000 people (Dodge & Raundalin, 1987; Kasozi, 1999). During Amin’s reign approximately 80,000 Ugandans were forced to leave their homes. The years following the Amin era were additionally bloody and violent. First Yusuf Lule was credited for ousting Amin, and Lule was removed by Paulo Muwanga’s coup that furthermore ended in gunfire (Kasozi, 1999). In 1980, Milton Obote retook power before National Resistant Army/Movement (NRA/M) leader Yoweri Museveni launched guerilla warfare on the government (Finnstrom, 2008; Kasozi, 1999). In

1986, the NRA/M seized political and military power under Museveni, who is currently the active President of Uganda.

Violence and Subjugation of the Acholi

Generally, it can be argued that the Acholi of northern Uganda have not only experienced tyranny and oppression from international colonialists but additionally from domestic government forces (Finnstrom, 2008). Because his predecessor, Milton Obote, was a northerner, Idi Amin believed it necessary that all Obote supporters in the north be removed. During his rule, Amin requested that Acholi subjects in the armed services report to the army barracks where they were massacred based on ethnicity (Allen, 2006; Finnstrom, 2008). The extermination of Acholi military personnel by Amin forced the Acholi collective to remain wary of the government.

Museveni's rule of power continued to perpetuate a divide between the north and the remainder of the country. Across Uganda, a popularly held belief is that the Acholi in the Ugandan army during Obote's second regime were accountable for counterinsurgency groups in central and southern Uganda (Finnstrom, 2008; Mutibwa, 1992). The colonial stereotype depicting the Acholi as soldiers and warriors deepened the mistrust of the Obote government. Thus, Museveni was able to gain substantial support in his rebellion against the Obote government (Finnstrom, 2008). However, Museveni's support diminished throughout the country as twenty-seven rebel groups formed within two years of his takeover based on his political regime (Bond & Vincent, 2002). Many of these rebel battalions were defeated, and remaining factions headed north where Museveni displayed disinterest. In his attempt to continually suppress the northerners, Museveni's government propagated the belief that throughout the country that the Acholi people were responsible for Uganda's violent past (Finnstrom, 2008;

Pain, 1997). Museveni's depiction of the Acholi in the north was felt throughout the country as many central Ugandans perceived Museveni's claimed war on democracy as instead, a war on the north (Finnstrom, 2008).

Acholi Resistance

The Acholi collective displayed resistance towards the colonial administration and eventually the Museveni regime. Two specific rebellions against the colonizers are exemplified in a traditional Acholi dance called *Jok munu* (the white man's spirit) and the Lamogi Rebellion of 1911.

The *Jok munu* is a conventional Acholi song accompanied by dance. The words signify the Acholi's perceptions of the white colonists.

Oh the white man drops bombs ... It's one o'clock, one o'clock. The white man drops bombs ... It's two o'clock, two o'clock. The white man drops bombs ... It's three o'clock, three o'clock ... Now the white man takes tea (pa'Lukobo, 1971, p.60).

In 1911, frustrated Acholi civilians united under Lamogi leadership in western Acholiland (Finnstrom, 2008). The uprising which was known as the Lamogi Rebellion was soon crushed by the British; however the revolt has become a symbol of resistance and unity in the Acholi collective conscious (Finnstrom, 2008). Following the rebellion, the colonial administration informed the natives that they were allowed to keep their rifles so long as they registered them. However, subsequent to the "registration" many of the rifles were publicly burned by the British (Behrend, 1999).

The Acholi of northern Uganda became incensed with the consistent injustice it faced and therefore various rebel groups emerged to demonstrate their distaste. The dishonor when the

British burned Acholi firearms (after Lamogi Rebellion) and later Idi Amin tricking Acholi military personnel into barracks, only to be exterminated, ignited severe distrust in governmental forces (Behrend, 1999). Thus, further exploitation by President Museveni's new regime and a new request for Acholi to surrender their firearms fueled many Acholi to keep their weapons, run to the bush and join a rebel faction. A recognized local Acholi researcher informed me, "You see, when Museveni told the Acholi to surrender their weapons, people ran because they thought it was Idi Amin all over again...we had lost trust in any government" (Tonny Odiya Labol, personal communication, October 30, 2010).

Alice Lakwena and the Holy Spirits Mobile Forces Movement

One of the first and most significant rebel groups propositioned in the north against Museveni's government was Alice Auma's (later known as Alice Lakwena) Holy Spirit Mobile Forces Movement (HSMF) (Allen, 2006, Behrend, 1999; Finnstrom, 2008). Lakwena's HSMF had the motive of fighting Museveni's government while attempting to establish a gender equal movement and so women fought directly besides men (Finnstrom, 2008). Alice was given the name *Lakwena* which is the Acholi word for messenger since various spirits spoke through her; although she claimed to be a prophet rather than messenger (Allen, 2006; Behrend, 1999; Finnstrom, 2008; Vinci, 2007).

Lakwena began her movement in 1986 after she claimed that Museveni's soldiers kidnapped many children in Acholiland and imprisoned them in a barracks in Gulu town (Allen, 2006). Lakwena claimed that civilians begged her for help and the spirits told her to recruit an army of 150 soldiers (Allen, 2006). Her movement substantially grew in size as it is believed she had 18,000 soldiers in 1986 (Allen, 2006; Behrend, 1999). Lakwena prayed with her followers and anointed them in oil that was to protect them from bullets, armed them with bibles, "magical

objects” and guns (Allen, 2006, p.35). It can be argued that HSMF used initiation rituals based on Christianity and indigenous beliefs to create a quasi religious-military organization (Vinci, 2007). Lakwena and her HSMF eventually left Gulu and traveled south towards Kampala, where supports for her efforts weakened and her movement was eventually defeated in 1987 (Allen, 2006; Behrend, 1999; Finnstrom, 2008).

Another group that gained significant popularity in Acholiland because of its anti-Museveni stance was the Uganda People’s Democratic Army (UPDA) (Allen, 2006; Finnstrom, 2008; Vinci, 2007). In May 1988, the UPDA signed a peace deal with President Museveni’s government, albeit scores of UPDA rebels were dissatisfied and aimed to join another movement (Allen, 2006). With the fall of HSMF and the signing of the UPDA peace deal, the only option was to join the one remaining rebel faction; that was Joseph Kony’s Lord’s Resistance Army (LRA). (Allen, 2006; Finnstrom, 2008; Vinci, 2007).

The Lord’s Resistance Army (LRA)

Various underpinnings of Joseph Kony’s rebel group are delineated based on which sources one chooses to read. Some sources detail Kony’s fascination and possession of spirits and religion (such as Green, 2008) while the popular academic discourse maintains the LRA was formed to counter the consistent and palpable abuse, exclusion and oppression that the Acholi experienced at the hands of the government (Allen, 2006; Finnstrom, 2008; Schomerus, 2007). Various LRA manifestos that circulated throughout Gulu town in the late 1990s stated that the LRA had no intention of becoming Christian fundamentalists, and instead focused on the massacre of the Acholi population by Museveni’s forces (Finnstrom, 2008).

Despite the LRAs initial intent as a just political movement that solely rebelled against the government, the LRA then turned against its civilian population in the late 1980s (Allen,

2006; Corbin, 2008; Finnstrom, 2008; Schomerus, 2007; Vinci, 2007). During this period, Kony believed that any Acholi who did not actively become an LRA supporter must have been colluding with the government, the United Peoples' Defense Movement (UNDP) which later became the United Peoples' Defense Forces (UPDF) (Allen, 2006; Finnstrom, 2008; Vinci, 2007). A local Acholi informant explained,

The government [UPDF] said they would give money to people [Acholi civilians] if we informed them where the LRA were hiding, or turned in guns, bullets and ammunition to them. They did this for a year, but the problem was that the government never paid the people. When the rebels found out about this they saw it as being turned on, so they went and killed civilians. When we inquired with the government about this they told us to arm ourselves with bow and arrows (Tonny Odiya Labol, personal communication, October 30, 2010).

Formerly Abducted Children

Prior to detailing the innumerable atrocities committed by the LRA, attention should first be given to one of the rebel group's principal strategies; the abduction of children. Abducted children are commonly referred to as *child soldiers*. However, I choose to use the words *abducted children* or *formerly abducted children* (Angucia, 2009; Corbin, 2008) when referring to this population. Labeling them "child soldiers" promotes stigmatization and infers that these youth were able to make a conscious decision to become "soldiers" (Angucia, 2009). Finally, my current research in northern Uganda has supported this term as generally this population is not referred to as child soldiers but instead - formerly abducted children or youth. Formerly

abducted children are sometimes dehumanized and given a label of “FACs.” For the purposes of this study, I choose to not use such an acronym to further stigmatize this populace.

The involvement of children in armed conflict is clearly not a new phenomenon and is perhaps embedded in the historical underpinnings of humanity (Angucia, 2009; Anwo, Rembe, & Odeku, 2009; Francis, 2007; Honwana, 2006; Yina, 2008). Children have played a significant role in armed conflict in Africa, Asia, Europe, and Latin America, while the participation of youth in war is a noteworthy element of our time (Honwana, 2006). There are an estimated 300,000 abducted children utilized in armed forces worldwide, and 40 percent of them are suspected to be African (Achvarina & Reich, 2006; Francis, 2007). In many African conflicts such as Liberia, Sierra Leone, Angola, Democratic Republic of the Congo, Sudan, Cote d’Ivoire, Burundi, Rwanda, Mozambique, Algeria, Somalia and Uganda, children have been abducted and forced to fight (Francisc, 2007; Honwana, 2006). The phenomenon of children used in war is on the rise in Africa and this situation has captured the attention of the world in recent history (Francis, 2007; Honwana, 2006; McIntyre, 2003).

Abducted Children in Africa

Children in African societies have been used in war for various reasons. Although children do not start wars, many are reared in environments where civil war takes place in their communities (Angucia, 2009). Thus, growing up in a battleground has become the standard for various communities located across the African continent. While the great majority of children are abducted against their will, some choose to join rebel forces and government ranks. The reasons that children may freely join a movement are due to poverty, family circumstances, and lack of economic, educational or employment opportunities (Francis, 2007; Honwana, 2006).

Children who are involved in armed conflict are caught between an ambiguous phase of childhood and adulthood as they are emotionally and physically immature and may not understand the value of human life (Angucia, 2009; Honwana, 2006; McIntyre, 2003). Abducted youth are regularly forced to abduct, systematically rape, kill and torture civilians and opposing forces while being drugged and brainwashed from their respective leaders (McIntyre, 2003). War causes children to lose family, home, friends, childhood, physical safety and basic necessities (Oringa, n.d.).

LRA and Abducted Children

As the conflict with the government grew, the LRA in northern Uganda were locally and globally renowned for the abduction of predominantly male children to join their armed forces (Annan et al., 2009; Amone-P'Olak, Garnefski, and Kraaij, 2007; Corbin, 2008; Honwana, 2006; Pham, Vinck, and Stover, 2009). It is estimated that approximately 50,000 – 72,000 youth have been abducted and forced to join the LRA since the early 1990s; while one third of all Acholi males and one sixth of females between the ages of 14 and 30 have experienced an abduction of at least two weeks (Annan et al., 2009; Pham et al., 2009). About 80% of the LRA's fighting troops were children between the ages of 9 – 17 (Oringa, n.d.). Although only a small number of youth voluntarily joined the military in the early stages of the conflict, virtually all of the LRA child combatants were non-voluntarily abducted after 1994 (Blattman & Annan, 2008). Thus, a great majority of those abducted by the LRA were brutally stolen from their families and forced to follow rebel leaders deep into the bush.

Children as young as seven were kidnapped, abused and forced to submit to the LRA (Akello et al., 2006; Honwana, 2006). Dehumanizing initiation processes took place where new

recruits were forced to kill other children, family members and civilians, burn homes, take drugs, and rape women and girls (Blattman & Annan, 2008; Honwana, 2006).

Akello et al., (2006) depict a harrowing account of an experience with an LRA formerly abducted child who was forced to engage in rebel tactics.

It was around 7:30 in the morning when I was abducted together with my mother. We only moved a short distance away and I was then asked to kill my mother. I first refused but I was told my mother will be asked to kill me. They kept insisting. They tried to force my mother to kill me, but she would not. They said they would kill both of us, but my mother told me that I must kill her to survive. I did it, but I loved my mother. I wanted both of us to die. After that I moved with them [LRA] (as cited in Allen, 2006, p.67).

The story of this formerly abducted youth was not an isolated event with the LRA. According to Amone-P'Olak et al., (2007) most LRA abductees faced life threatening situations.

Ninety-nine percent of formerly abducted children interviewed claimed they were threatened with death if they failed to obey orders, witnessed one being flogged or beaten, and thought they would be killed. Ninety-eight percent said they witnessed people being abducted and thought they would never see any relatives again. Ninety-four to ninety-six percent said they saw dead bodies or body parts and were beaten up in rebel captivity. Eighty percent claimed to have been imprisoned in rebel captivity. Seventy-four through seventy-eight percent claimed they participated in the abduction of other people and participated in beating and killing captured escapees. Twelve percent of abductees report being forced to beat someone close to them, and 8 percent report being forced to kill a family member or friend (Amone-P'Olak, et al., 2007, p.659-650).

Additionally, the LRA practiced the gruesome task of forcing those abducted to cut the ears, noses, and lips of the victims (Vinck, 2006). This tactic was used to prevent civilians from listening or speaking to government troops concerning the LRA. Although many claim the government was oppressing the Acholi collective, the majority of civilians in the region were terrified of the LRA. In order to escape the possibility of being abducted, many youth were known as the *night commuters* and would walk to Gulu town and sleep at hospitals and under verandas. About 90 percent of the population in Acholiland was severely affected by the conflict between the LRA and UPDF (Finnstrom, 2008). Since 1986, nearly 1.7 million people were forced into Internally Displaced Persons Camps by the UPDF (Annan et al., 2003; Ledyard et al., 2009).

LRA and Abductees Today

In 2007 – 2008, the UPDF forced the LRA out of northern Uganda into the neighboring countries of Sudan, the Democratic Republic of the Congo and Central African Republic. From the onset of the conflict, most of the abductees who have returned from captivity with the LRA have been escapees and the rest were captured by the UPDF. Four-fifths of ex-combatants eventually escape, which takes place almost always during an unsupervised moment (i.e. during a battle or while fetching water or food) (Blattman & Annan, 2008). The current status of the LRA is specifically unknown, although they are believed to be in neighboring countries carrying out similar attacks. Because of this, LRA abductees slowly continue their return to northern Uganda.

Reintegration in Northern Uganda

Considering that many abducted youth have experienced beatings and killings, returning to civilian populations can be challenging. The lifestyles of formerly abducted children

maintained in captivity have created absence and alienation among family members and community (Angucia, Zeelen, & De Jong, 2010). Empirical research has shown that exposure to war has severe and destructive consequences for children and adolescents (Davis & Siegel, 2000). Therefore, the attempt to reintegrate northern Ugandan formerly abducted youth back into society is a necessary yet daunting task (Amone-P'Olak, 2007; Angucia et al., 2010; Betancourt, Speelman, Onyango, & Bolton, 2009).

In various war affected areas, humanitarian agencies and non government organizations (NGOs) arrive and establish specific programs to address the issues and needs of children affected by the conflict, while attempting to ultimately provide support and protection (Honwana, 2006). Gulu town was no exception as two reception centers existed for formerly abducted youth. Those who manage to escape captivity or captured by the UPDF are eventually sent to either the World Vision reception center or the Gulu Support the Children Organization (GUSCO) in central Gulu. After a physical assessment, physically healthy children are handed over to representatives at the reception center by high ranking Ugandan army officials who explain that the children are innocent and should be encouraged to reintegrate into the community (Akello et al., 2006).

World Vision and GUSCO are the major reception centers for formerly abducted children and were constructed in 1994-95. Both have a different theoretical framework and treatment approach when working with this population. Both have yielded limited success in northern Uganda (Akello et al, 2006). World Vision and GUSCO will be examined in terms of how they assess and carry out psychosocial reintegration of formerly abducted children in light of two theoretical frameworks: combat-related trauma theory and traditional Acholi approaches in

dealing with distressing events. Possible factors that may contribute to the limited success for these two organizations will be explored.

These organizations will be used as case examples in the final chapter in order to assess psychosocial reintegration methodology for formerly abducted youth, and explore the underpinnings behind their “limited success in northern Uganda.” Although introductions of World Vision and GUSCO will be presented below, greater detail will follow in the discussion chapter of the study.

World Vision Reception Center

World Vision is a Christian relief and development organization that incorporates Christian ideology into its practices (World Vision International, 2010). “Its format for counseling and reintegration has its roots in Christian ideas about confession and repentance of sins, and healing by forgiveness and seeking refuge with God” (Akello et al., 2006, p.230). Thus, Christianity is a crucial factor in reintegrating formerly abducted youth back into society; via seeking refuge with God and repentance and confession of sins.

Gulu Support the Children Organization (GUSCO)

GUSCO is a local organization whose mission statement revolves around, “...promoting the well being of War Affected children in Northern Uganda through psychosocial support, peace building, advocacy and capacity building of communities...” (Oringa, n.d, p.9). One main objective of GUSCO is to provide activities such as sports, traditional dancing, watching videos, and playing cards. GUSCO does, however, value Western *talk therapy* and individual counseling as a main reintegrating tool with formerly abducted youth. As mentioned an in-depth exploration of World Vision and GUSCO’s reintegration practices will be detailed in Chapter VI.

Deconstructing the Reintegration of Formerly Abducted Youth

The ways of reintegrating formerly abducted children presents vigorous challenges across cultures throughout the world. This section of the chapter begins to deconstruct Western based models of therapeutic interventions with formerly abducted Acholi in northern Uganda. Prior to diagnosing Acholi youth with various mental health conditions such as “PTSD”, “trauma” and “stress” a critical exploration of the historical underpinnings of these socially constructed terms is vital. I ultimately attempt to examine whether treatment strategies associated with trauma, a term developed in the Western world, are the most beneficial approaches to practice in northern Uganda.

Various basic assumptions were created by Western medicine to cure or reduce distress and illness (Bracken et al., 1995). Western medical terms, constructs and treatment strategies have been perceived as universally applicable. However, what ultimately defines illness is created through cultural factors that label, govern and explain the experience (Kleinman et al., 2006). For instance, according to Summerfield (2004) beneath socially constructed ideas such as “trauma” and “mental health” is the concept of a person. What is not socially constructed is the individual because it is a living, breathing human being. Thus what are appropriate ways for intervening with “trauma” when symptoms vary across cultures? What about societies that do not identify such experiences as “trauma” and “mental health”? Subsequently, how can Western mental health personnel adapt the ways they have been trained to align across cultures?

The chapters to follow will examine the construction and expansion of Western based combat-related trauma theory. Subsequently an analysis of non-Western manifestations of war, with emphasis on the Acholi culture will be provided. Finally, a discussion that incorporates World Vision and GUSCO’s intervening strategies in Acholiland coupled with suggestions

relating to the translation of Western ideology of combat-related trauma adapting to align with Formerly Abducted Children in Northern Uganda.

CHAPTER IV

COMBAT-RELATED TRAUMA

Since the dawn of time war has internationally caused disruption and alteration in the physical, mental and spiritual condition of those involved. Regardless of one's culture or physical state in the world, harrowing effects of combat have been globally documented. Various Western "trauma theories" analyze and deconstruct distressing life-threatening issues. Coupled with these theoretical frameworks regarding trauma are proposed therapeutic interventions that bring practice to the theory's constructed ideology. For instance, Western-based interventions pertaining to combat-related trauma focus specifically on the suffering individual's internal process of coping. This chapter highlights the significance of analyzing distressing events through the Western notion of combat-related trauma theory, and examines the global impact of the universal application of Western mental health theory and practices.

This chapter begins with an examination of "trauma theory" and Western values. I then examine the cultural construction of "combat-related trauma theory" via a sociopolitical and historical lens. What is combat-related trauma and how did it originate? Upon recognizing the powerful impact of this theory, I will detail the proposed Western intervention strategies for those experiencing this form of "trauma." After investigating these interventions, I believe it is important to look at the global expansion of combat-related trauma. How has this Western-based theory been universalized and applied in non-Western countries? Finally, it is essential to conclude the chapter with a detailed deconstruction of the term "trauma." Should this phrase hold worldwide objective and universal significance?

Trauma Theory

Trauma theory is a colossal discourse that incorporates various theoretical underpinnings and philosophies. Thus, for the purpose of this study I will briefly provide a Western based definition of trauma and then, focus specifically on combat-related trauma theory. I have chosen to specify combat-related trauma theory as it aligns more clearly with formerly abducted youth in northern Uganda.

First, defining the term *trauma* is essential to further understand the theories associated with it. Although Chapter II provided a broad general definition of the term, Judith Herman's interpretations of the phenomenon provide a more precise definition of trauma.

Psychological trauma is an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overwhelming force. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary adaptations to life. Unlike commonplace misfortunes, traumatic events generally involve threats to life or bodily integrity, or a close personal encounter with violence and death. They confront human beings with the extremities of helplessness and terror, and evoke the responses of catastrophe (Herman, 1992, p.33).

Measuring the severity of trauma cannot be identified via any single, concrete dimension. There are, however, particular experiences that may increase the probability of experiencing "trauma." These include being trapped, abandoned, surprised, exposed to extreme violence, witnessing death, and being physically violated (Herman, 1992). The impact of "traumatic" events varies according to time, place, location, culture and identity.

A conflicting ontological discourse continues to circulate regarding “trauma’s” origins. Are the responses to these “traumatic” events psychological or organic (van der Kolk, McFarlane, & van der Hart, 1996)? Do all those who experience “trauma” manifest symptoms of an increased heart rate, an adrenaline rush, feelings of helplessness, terror and fear? Dissecting the construction of “trauma” is a gargantuan task that cannot be included in this study. Instead, focusing on the areas in which “traumatic” events have historically affected those associated with combat will be further specified.

Combat-related Trauma

What is combat-related trauma? As briefly mentioned in Chapter III, the Western definition of *combat-related trauma* is the physical and mental negative consequences of direct combat in battle and the non-combat related duties of war (Hoge et al., 2004; Institute of Medicine, 2006; Loveland, 2009). *Direct combat activity* is defined as fighting and killing in a warzone. *Non-combat related activities* of war include sexual assault, witnessing severe injury and death, patrolling conflict zones and constantly fearing for one’s life. Both direct and non direct effects of conflict may cause distress. Not only is combat-related trauma distressing for the combatant or civilian’s physical well-being, but detrimental effects to one’s emotional, psychological and spiritual composition may also ensue. Combat-related trauma researchers argue that five main categories of stressors are identified with war. They include 1) physical (injury), 2) cognitive (experiences that do not make clear sense), 3) emotional (death or serious injury of a colleague), 4) social (isolation from social supports) and 5) spiritual (loss in faith of God or a higher power) (Nash, 2007).

Historical Construction of Combat-related Trauma

Prior to WWI there was no term to represent the emotional scars of war. Instead the effects were considered physiological such as disordered actions of the heart, pains in the back and limbs, weakness of the muscular system, visual impairment, insomnia, battle nightmares, and facial tics (Loveland, 2007). During the First World War a “nervous disorder” accounted for close to forty percent of active service member deaths (Howorth, 2000, p.225). Initially, it was understood that forces of decompression, stemming from propinquity to an explosion, eventually lead to microscopic brain hemorrhage (Herman, 1992; Loveland, 2007). This “nervous disorder” which was initially labeled as *shell shock*, paved the way for psychiatry and psychology to focus exclusively on service members in combat. The term *shell shock* was originally constructed to identify service members who were physically in the vicinity of shell fire and detonations but failed to receive a head wound or any physical ailment from the explosion (Jones, Fear, & Wessely, 2007; Loveland, 2007). The symptoms included amnesia, poor concentration, headaches, tinnitus, dizziness, nightmares, irritability, fatigue, restlessness and tremors (Jones et al., 2007; Loveland 2007). Initially these indicators of shell shock were regarded as manifestations of organic biological responses to explosions. However, when those suffering failed to recover from medical treatment, the psychiatric and psychological ontological discourse of biological versus psychological implications of combat-related trauma surfaced.

Shell shock during World War I became the impetus for Western mental health considerations concerning battle. During the Second World War, mental anguish from combat was termed *combat fatigue syndrome* with symptoms nearly identical to those of *shell shock* (Jones & Wessely, 2005; Loveland, 2007). *Combat exhaustion* was the commonly used term during the American invasion of Korea, and its meaning gave rise to the notion that “even the

best soldiers will break down if subjected to prolonged and intense combat” (Jones & Wesseley, 2005, p.194). Thus, it was no longer deemed appropriate to imply that individual weakness caused emotional distress and exhaustion during combat.

Vietnam-American War and PTSD

A different form of emotional suffering was noted in Americans returning from the Vietnam-American War. In addition to initially feeling the debilitating mental effects of battle while actively serving, many American Veterans from the Vietnam War experienced a delay in combat related symptoms (Loveland, 2007). This delay was termed the *Malignant Post-Vietnam Stress Syndrome* (Lambert, M., Hendrickse, W. Andrews, R., Zelanko, J & Fowler, R., 1996; Rosenheck, 1985). The symptoms of *Malignant Post-Vietnam Stress Syndrome* included explosive and violent behavior, hallucinatory re-experiencing of combat experiences, isolation and extreme self-loathing, and a marked propensity for physical aggression (Lambert et al., 1996; Rosenheck, 1985). Malignant post-Vietnam stress syndrome eventually became known as *posttraumatic stress disorder* (PTSD) and was recognized in the *Diagnostic and Statistical Manual for Mental Disorders* (DSM-III) in 1980. Today, the DSM-IV defines PTSD as,

The development of characteristic symptoms following exposure to an extreme traumatic stressor involving direct personal experience of an event that involves actual or threatened death or serious injury, or other threat to one's physical integrity; or witnessing an event that involves death, injury, or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate (American Psychiatric Association, 2000, p.463).

In this study, when citing PTSD, I am exclusively referring to war related PTSD. The PTSD diagnosis and criteria has shifted since its initial inception. Currently, symptoms are categorized into three subsets: intrusion, avoidance, and increased arousal, often characterized by, nightmares, hallucinations, avoidance, detachment, and difficulty controlling anger and concentrating – among many others – as primary symptoms (American Psychiatric Association, 2000). Precise criteria such as length of time experiencing symptoms and number of behaviors present constitute an official PTSD diagnosis. Reviewing and analyzing the PTSD diagnosis is an extensive and comprehensive process that will not be included in this study. However, exploring the globalization and universality of the diagnosis – related to combat – will align more specifically with my targeted population. Prior to examining the diagnosis’ pervasive expansion, it is essential to document the historical to present avenues in which Western mental health practitioners have attempted to treat combat-related trauma.

Treating Combat-related Trauma: Past and Present

As previously cited, *shell shock* was originally perceived as a manifestation of direct exposure to the detonation of bombs and various war paraphernalia. Military medical personnel gradually recognized that *shell shock* was outside of physiological realms and instead aligned closely with psychological characteristics. This shift in focus emerged during the First World War when masculinity reigned. Hence, the popular discourse persisted that a *normal* soldier should prize and admire war rather than show any signs of emotional deterioration; the soldier should clearly not submit to terror. The combatants who developed traumatic neurosis were at best constitutionally inferior human beings, at worst malingerers and cowards, and were described as ‘moral invalids’” (Herman, 1992, p.21). It was the underlying stance of medical

professionals that these men should be dishonorably discharged or court-martialed rather than given medical attention.

Psychiatrists believed that returning troubled soldiers back to the front lines as soon as possible was key to successfully treating combat-related distress. A chief intervening strategy, known as *PIE* or *forward psychiatry* was developed in 1915. *Forward psychiatry* consisted of three principles: *proximity* of treatment to the battlefield, *immediacy* of response, and the *expectation* of recovery (PIE) (Jones & Wessely, 2005; Loveland, 2007). It was feared that if soldiers were taken too far away from battle, the prognosis for their recovery would quickly diminish.

The combatants that were *treated* with PIE or forward psychiatry were briefly reprieved from the front lines of battle. Besides given rest and meals, they were also ridiculed, disciplined, intimidated, and coerced to return to battle with minimal psychological attention from medical personnel (Jones, Thomas & Ironside, 2007; Jones & Wessely, 2005; Loveland, 2007). European and American medical officials believed the patients could ultimately recover if they were re-educated in willpower, thought, feeling and function; they simply needed to be convinced there was no real reason for their loss of emotional upheaval (Salmon, 1917). The re-education was performed through occupational therapy such as wood cutting, digging and other outdoor activities. It was also noted that psychotherapy was administered during this time, but its pragmatics were not discussed. What the literature did acknowledge was the use of electric shocks or currents that were occasionally applied to nonfunctioning parts of the suffering soldiers' body by several mental health professionals during WWI (Loveland, 2007). Toward the end of the First World War, mental health workers encouraged patients to examine important values of their own psyche that had been disturbed by the effects of combat (Loveland, 2007).

World War II mental health discourse focused heavily on 1) prevention of mental distress and 2) self analysis. Psychiatrists established weekly groups where they encouraged soldiers to share personal troubles and speak about fears related to the joining the service (Loveland, 2007). Group debriefing sessions were also established to aid the soldier in creating an account of the day's events. Both groups were designed to aid the soldier in processing emotional discomfort. In addition, the initiative of *abreaction* or re-living the distressing experience of combat was widely practiced during the Second World War (Archibald & Tuddenham, 1965; Vattakatuchery & Chesterman, 2006).

Throughout the U.S. invasion of South Korea and eventually Vietnam, the underlying structure of PIE still withheld. However, the acronym BICEPS (Brevity, Immediacy, Centrality, Expectancy, Proximity, Simplicity) overtook PIE (Loveland, 2007). The construction of PTSD stemmed from a soaring rate of mental health stressors specifically related to American Veterans of the U.S. invasion of Vietnam in the mid 1960s. Coupled with the diagnosis of the new disorder were accompanying commonplace treatment strategies, called *psychotherapy*, which consisted of the patient deconditioning the experienced anxiety and altering the ways patients view themselves and their surroundings by attempting to restore a sense of personal integrity and control (Loveland, 2007; van der Kolk, McFarlane & Hart, 1996). It was believed that victims of this disorder would recover by not only acknowledging the “traumatic” stressor, but also resurfacing and incorporating it into the conscious. “The key element of the psychotherapy of people with [combat-related] PTSD is the integration of the alien, the unacceptable, the terrifying, and the incomprehensible into their self-concepts” (van der Kolk et al., 1996, p.420). Western theory emphasizes that verbally reconstructing the “traumatic” event actually transforms

the “traumatic” memory in order to properly reintegrate into the survivor’s life story (Herman, 1992).

Current Western theoretical orientations of treating combat-related trauma are psychotherapeutic talk therapies such as cognitive-behavioral therapy, psychodynamic theory, group theory, eye movement desensitization and reprocessing (EMDR), and prolonged exposure therapy (PE). Because this study focuses on the westernization and implementation of combat-related trauma, extensive exploration of these treatment modalities will not be presented in this study. Each theoretical frame is embedded in and abides by the Western ideal of the “traumatic” memory being exposed. “Treatment outcome research strongly supports the idea that exposure to memories of the trauma is an essential element of effective treatment of PTSD” (van der Kolk et al., 1996, p.434).

Psychodynamic theory is known as issue-oriented therapy that aspires aiding the manifestation of unconscious processes into a person’s present behavior (Zuckerman, 2011). Cognitive Behavioral Therapy (CBT) differs from psychodynamic ideology in that it emphasizes changes in thought patterns and behaviors rather than providing deep insight (Bennett & Nelson, 2006). Eye Movement Desensitization and Reprocessing (EMDR) is a comprehensive psychotherapy approach for reprocessing dysfunctional information where the patient is recommended to maintain a disturbing image of the traumatic experience (Aduriz, Bluthgen, & Knopfler, 2009; van der Kolk et al., 1996). Prolonged Exposure (PE), previously known as *flooding*, is a form of CBT that encourages the patient to re-experience, retell or engage with the memories of the distressing event rather than avoiding them.

The preceding treatment strategies are currently being used with United States Veterans from the current conflicts in Iraq and Afghanistan. Studies have been copiously undertaken

which report both the negative and positive effects of using these theories. In a Western, individualized culture exposing oneself to the trauma may ultimately provide constructive insight into one's emotional process. What is often diluted is that a profusion of cultures do not value an individual introspective above the collectivity. Prior to exploring non-Western manifestations of combat-related distress, identifying the mounting rise in the Westernization of combat-related stress is compulsory.

Expansion of PTSD

Prior to deconstructing the Westernization of combat-related trauma or PTSD, it is worth noting the global discourse surrounding the constructed ideology. With time, PTSD has been comprehensively initiated and applied towards post conflict situations in the West and non-Western world. International psychological interventions that focused on PTSD became prevalent in political violence in the former Yugoslavia, and disaster relief in Central America in 1998 (Breslau, 2004; Weine et al., 1995). Additionally, combat-related trauma and PTSD have been identified in Algeria, Ethiopia, Cambodia, Gaza, Sierra Leone, Uganda and scores of Latin American, Asian and African nations (Bolton, 2007; de Jong et al., 2001; Pham, Vink, & Stover, 2009).

Identifying the emotional effects of war and combat as *traumatic* is clearly advantageous for a nation and people embedded in individualistic cultural practices where processing emotions and feelings is a form of healing. Numerous studies indicate that combat universally augments psychological suffering regardless of time and place. Assessing the mental health effects of combat via a Western lens may visibly promote a clearer understanding of war's consequences for those intervening in non-Western regions. However, is prescribing universal labels such as

trauma and *depression* problematic when intervention ensues with those who do not participate in Western cultural norms?

In order to explore this question, it is important to focus on the ways in which non-Western societies' are impacted by combat-related distress. This will provide a more profound analysis into how universal applications of mental health interventions may be problematic in non-Western countries. Without an exploration of non-Western manifestations of distress, an objective, global mental health intervening framework may be applied to the various forms of combat-related distress.

CHAPTER V

NON-WESTERN MANIFESTATIONS OF COMBAT-RELATED DISTRESS

As a social and cultural phenomena, sickness and healing need to be studied from a holistic standpoint: The dialectic is between the physical environment, disease/injury as biological phenomena, and sickness and healing that are constructed as a function of the preceding and of social organization itself (Fabrega, 1997, p.1).

Chapter IV provided beneficial insight into the significance of conceptualizing Western based combat-related trauma. The theory provides a substantial lens to interpret the effects of war on specific Western populations. Nevertheless, implementing treatment strategies associated with trauma to non-Western societies may ultimately create friction and misalignment. This chapter describes the various ways in which some non-Western populations culturally construe the effects of distress specifically related to war.

The chapter begins by unpacking the term trauma while examining the links between culture and mental illness, with an exclusive focus on combat-related trauma. The discourse concentrates on the macro universalizing of distress related to war. Subsequently, I provide local interpretations and interventions of war affected civilians and combatants in Cambodia, El Salvador and Mozambique. The chapter concludes with a presentation of the common symptoms and manifestations of the harsh effects of combat-related experiences within the Acholi of

northern Uganda; specific Acholi ritual and ceremony practices associated with mental health and distress are included.

Defining “Trauma”

The definition of the word *trauma* in the European western hemisphere was historically non-existent for an individual raised in a non-Western society. “The histories of terms like ‘depression’ or ‘posttraumatic stress disorder,’ and the particular meanings and responses they mobilize, are simply not straightforwardly reproduced elsewhere. There is no equivalent to these terms in many cultures” (Summerfield, 2004, p.238). Thus, when studying the effects of conflict in non-Western communities, one must first be educated about the historical and sociopolitical roots of that particular culture. If the Western mental health workers fail to assess culturally specific variables, she runs the risk of creating further suffering. “Western ideas about suffering and its antidotes have been globalizing too: what claim to universal validity do they have?” (Summerfield, 2004, p.237).

While researching traditional ways of dealing with death, illness and coping in the Acholi culture, there is no mention of the term “trauma”. However, personal observations among Acholi civilians and discourse with local informants have explained that the term “trauma” is often applied to formerly abducted youth. It appears that the notion of being “traumatized” has infiltrated to the Acholi collective based on international NGOs who follow the protocol of Western based mental health theories.

The term “trauma”, or lack thereof in certain societies, varies according to the individual or collective. Complete and thoughtful regard must be applied when deconstructing the meaning of “trauma.” Kleinman (1995) claims that the experience of the event itself is characteristically cultural, elaborated in ways that differ from its development in other societies. Thus, it remains

vitally important that the awareness of language, actions, and the construction of words be identified through culturally sensitive lenses in order to provide appropriate and effective services. Do societies in non-Western cultures value Western ideals and interventions when dealing with non-Western interpretations of trauma? For instance, World Vision operates in over 90 countries, and its therapeutic intervening strategies associated with trauma are rooted in individualism and Christianity.

Western ethnocentric ideals associated with cross-cultural mental health stem from European nations steeped in a culture that has the individual at its center. Thus, these countries value the individual versus the collective. Therefore, it is no surprise that Western mental health theories focus solely on the individual; and the way in which professionals in health institutions reflect and articulate trauma situates in the individual's social dynamic, and collective trauma is commonly not mentioned (Kleinman, 1995). Have World Vision, GUSCO, and International NGOs assessed the traditional Acholi concepts of war and the supernatural implications of killings when working with formerly abducted youth in northern Uganda?

Culture and Mental Illness

A central and prevailing factor when globally analyzing mental health is the dominant effect of various cultural practices, and how culture influences the experiences and expressions of anguish from its origin (Kirmayer, 1989). Western mental health has identified and labeled various “universal” patterns of distress that clearly do not align globally. Fabrega (1989) challenges the global discourse of psychiatric universality and mental health by analyzing the abstract phenomenon of Western mental health through a cultural relativist lens. Similar to Kleinman, Bracken, Summerfield and Kirmayer (1989), Fabrega (1997) argues that failing to do so parallels a Western hegemonic, postcolonial framework towards non-Western societies.

In defining *illness* Kleinman, Eisenber, and Good, (2006) believe that, “Illness is shaped by cultural factors governing perception, labeling, explanation, and valuation of the discomforting experience, processes embedded in a complex family, social, and cultural nexus” (p.141). According to this definition, illness is essentially shaped by culture. Supporting this definition are examples of cultural variations of somatic symptoms manifestation in multiple Asian and Latin American societies (Kleinman, 2004; Kirmayer, 2007). Additionally, within specific communities, “universal” somatic symptoms are absent. “Various patterns of somatization are found among patients from many ethnic groups, and even among Latinos, for example, Mexican Americans, Puerto Ricans, and Cuban Americans may report different symptoms” (Kleinman, 2004, p.951).

Social, political, and historical forces have greatly contributed to the increase in world mental health illness. The factors such as gender, age, economic status, ethnicity and political factions produce assorted manifestations of distress in individuals and collectives because of the specific histories they represent (Desjarlais et al., 1995). For instance, some of the mentioned identities would be considered privileged in certain communities and subjugated in others.

Unfortunately, the majority of research surrounding mental health has focused exclusively on the biological and genetic aspects of mental illness. Thus, minimal studies have examined the social and cultural factors that are vital to assessing and treating such conditions in a global context (Desjarlais et al., 1995). Critically deconstructing the expansive discipline of mental illness will not be provided in this study. Instead, assessing the value of implementing cultural awareness related specifically to survivors of combat-related violence and suffering will follow.

Combat, Culture and Mental Health

The ubiquity and eruption of combat-related violence has plagued scores of countries throughout the globe. The sufferings that result from this type of violence include pain, anguish, fear, loss, grief and the annihilation of logical and meaningful realities (Kleinman, 1995). Most large scale conflict is found in economically developing nations for reasons such as poverty and cultures of fear created by repressive regimes (Maedl, Schauer, Odenwald, & Elbert, 2010). Western media displays horrifying graphics and accounts of conflict in economically marginalized nations. Viewers and readers in the West are made to believe that the essential untamed violence in these nations is treatable so long as war ends. Often times, Western media fails to document the everyday *routine* violence and struggle in context of abject poverty, gender inequality and lack of education (Bracken et al., 1995; Kleinman, 1995). For instance, the underpinning of violence in the bulk of economically oppressed nations is ridden in oppressive governmental factions where fear, torture and abuse are habitual tactics.

Those who are unfortunately subjected to collective combat-related violence especially in non-Western nations are often labeled as victims and pathologized with a *mental health illness*. Considering that this pathology originated in Western culture, the diagnosis – such as combat – related trauma or PTSD – is rooted in individual rather than social dynamics (Bracken et. al, 1995; Kleinman, 1995). Therefore, this diagnosis is constructed as an event that can be studied outside of its cultural context due to the individualistic philosophy associated with it. The Western system of constructing such pathologies fails to mention *collective trauma* which expands to the broader social effects of the event or distress. *Collective trauma* is perceived [by Westerners] as an accumulation of individual stories, since individualism dominates Western society. “The voices and facial expressions of individual victims or patients, which can so

vividly portray the trauma of the person, do not show the interpersonal and community-wide effects of trauma” (Klienman, 1995, p.177).

It is thus imperative to culturally assess the official definition of combat-related trauma or PTSD. As previously mentioned, PTSD is defined as, “direct personal experience of an event that involves actual or threatened death or serious injury ... threat to the physical integrity of another person” (American Psychiatric Association, 2000, p.463). How does this speak to Liberians, Iraqis, Cambodians, and Darfurians who are or were continuously subject to “threatened death or serious injury” during decades of perpetual unrest? According to Western mental health ideology, all of these beings suffer from PTSD. This ontological discourse of combat-related trauma seems fitting for that of the white, upper and middle class society in the Western world where one’s life or environs are not routinely threatened or in danger (Kleinman, 1995).

As outlined, pathologizing “victims” of political violence in less economically developed nations with an illness is problematic. In reality are these folks suffering from an illness or are they instead experiencing a *normal* reaction to anguishing situations (Kleinman, 1995)? Again, the question of “normal” surfaces; what is *normal* and according to whom?

Furthermore, in several non-Western societies, physical and mental intrapsychic ideology are not seen as separate entities as compared to the Western world (Bracken et al., 1997; Desjarlais et al., 1995). Diverse traditional and spiritual beliefs vary according to culture and collectivity which ultimately affect mental illness treatment. “Societies have multiple healing traditions that are drawn on not only to treat mental illnesses and psychological problems, but to make sense of them, categorize and explain their causes ... organize personal and community responses” (Desjarlais et al., 1995, p.51). These specific values may inhibit “victims” of combat-

related trauma to avoid discussing events with strangers, and may ultimately disallow any discourse associated with distressing events whatsoever.

Implementation of Western Treatment

The recent past has shown an immense increase in the number of programs established to provide psychological support for victims of combat in non-Western countries (Bracken et al., 1997). The current conceptual and theoretical framework of most programs remains ingrained in historical Western psychology and psychiatry's notion of trauma and stress; which favors individual analysis and exposure of the distress. The diagnosis of combat-related PTSD psychotherapy was recommended with the intent of changing the ways in which individuals perceive themselves and to reduce anxiety levels within the person (van der Kolk et al., 1996).

Thus, a modernist objective approach is regularly utilized which parallels psychiatry and biological medical knowledge as applied science. (Bracken et al., 1997). The recent discovery of international *war trauma* has aligned with these Western contemporary objective viewpoints; and interventions within combat-related trauma value the individual as above society and culture. Because of the hegemonic assumptions assumed by Western mental health workers, there is now a felt need for individual counseling and therapy in most non-Western post conflict zones (Rose, 1989; cited in Bracken et al., 1997). What follows are several pertinent examples of local interpretations of cross-cultural combat related trauma events.

Non-Western Ways of Treating Life-threatening Experiences

Manifestations of distressing events emerge differently given a particular culture, time and place. What follows are examples from Cambodia, El Salvador, and Mozambique that illustrate how different cultures interpret and deal with the distress related to combat. The

chapter concludes with a description of Acholi interpretations of mental illness and various rituals and ceremonies intended to alleviate spirits causing distress.

Southeast Asia: Cambodia.

Cambodia is a nation that was bombarded with decades of domestic and international conflict. In the late 1960s, the country experienced civil war that ignited from internal power abuse and American and Vietnamese invasion from the neighboring war. The subsequent lethal ruling of the Khmer Rouge from 1975 to 1979 is now referred to as the Cambodian Holocaust where one in four nationals was violently killed (van de Put & Eisenbruch, 2004). Every aspect of daily life was disrupted as cities emptied, villages were replaced and anyone with any form of education was ruthlessly murdered. The Vietnamese Army intervened in 1979 and shaky peace was brokered in 1993. However, low intensity warfare ensued and with multiple United Nations interventions, the first ever local commune elections took place in 2002 (van de Put & Eisenbruch, 2004).

Various assessments of post conflict suffering in Cambodia led to localized “symptomology.” For instance, the violation of moral codes was seen as the most important problem (van de Put & Eisenbruch, 2004). An example is *ckuBt thoa* or madness of the dhamma which stemmed from the wrong thinking about the Buddhist dhamma (van de Put & Eisenbruch, 2004). A major complaint following conflict in Cambodia was *ckuBt sa te aaram* or “thinking too much” (van de Put & Eisenbruch, 2004). This seemed to be most closely linked to the stress, loss, bereavement, social and economic deprivation and family disruption that the villagers had endured in relation to the war (van de Put & Eisenbruch, 2004). All of these aspects were seen as contributing causes to the destruction of the mind that “thinking too much” eventually caused. Finally, there were various stages for this illness.

It began with demoralization, literally ‘small heart’ or *tooc cBt* (van de Put & Eisenbruch, 2004). This progressed to worries causing broken thoughts known as *khooop cBt*, literally ‘broken down heart-mind’. This then progressed to *lAp*, a term implying mental distraction, and later its more serious version *lAp lAp*. Further deterioration led to utter muddling and ‘lost and confused intellect or cognition’, *vCBEEveeE smaardBy* (van de Put & Eisenbruch, 2004, p.9-10).

In the early 1990s, ethnographical studies were conducted with hundreds of traditional healers in Cambodia (see Eisenbruch, 1992). Three main categories of traditional healers were identified. The first, *kool kruu ruup*, or *mediums* had no formal training, but acted as vehicles for healing forces (van de Put & Eisenbruch, 2004). The main focus of these leaders was a spirit called *baarea mBy* that was to help others, so long as the “sufferer” passed along the spirit to others. The second, *Kruu Khmer* worked in their homes, where they grew their medicinal plants, saw their patients, and taught their disciples (van de Put & Eisenbruch, 2004). The *kruu* had serious training in healing theory and ritual. There was one *kruu* in every village and they, and like monks were well respected. Finally, there were the Buddhist monks who are known as *preah sAE* and their ritual assistants the *aacaa* (van de Put & Eisenbruch, 2004). The Buddhist Monks worked in a *wat*, a community center which supported the moral, educational and social aspects of the individual or community. Personal relationships were established through healing rituals that the monks performed and Buddhism was discussed (van de Put & Eisenbruch, 2004).

Central America: El Salvador.

Throughout much of the 1970s, El Salvador experienced political violence and tension before official war broke out in 1979. The twelve year Civil War between El Salvador’s

government and the Farabundo Martí National Liberation Front (FMLN) rebel group was the second longest recognized conflict Latin America has witnessed (Oakes, 2004). Close to 75,000 people were killed and another 50,000 went missing, and this undoubtedly severely impacted the nation's psychological infrastructure. Various studies, (Guarnaccia & Farias, 1998; Oakes, 2004) identified two specific mental health "symptoms" present among rural Salvadorians succeeding the war. One is labeled as *nervios* while the other is *afflictions*. "*Nervios*," which tend to depict the everyday stresses of life, is described as, "a powerful idiom of distress used by Latinos to express concerns about physical symptoms, emotional states, and changes both in the family and in the broader society" (Guarnaccia & Farias, 1998, p.1224). Directly linked to war, *afflictions* or *aflijida*, described as, "an emotion, a syndrome, or combination of emotions and physical symptoms, as well as even an illness, sometimes so serious, it might cause death" (Oakes, 2004, p.49).

Generally speaking, in Latin culture – with regards to bereavement – there is a feeling of losing one's soul, while in Anglo-America, the feeling is associated to losing one's mind (Oakes, 2004). Thus *afflictions* includes states of desperation, intense fear and desperation coupled with physical symptoms of body aches, nausea, stomach cramps and finally death (Oakes, 2004). Treating illness in El Salvador ranges from *curanderos* – shamans or healers – to doctor's for God's illness, to speaking about distressing events to one another (Oakes, 2004).

Southern Africa: Mozambique.

After an eleven year struggle, Mozambique gained independence from Portugal in 1975. Two years later, the country engaged in a 16 year Civil War between the government Frente de Libertacao de Mocambique faction (Mozambique Liberation Front) FRELIMO, and the rebel party Resistancia Nacional Mocambicana (Mozambique National Resistance) RENAMO.

Throughout the horrific conflict, children were forced to fight, kill, abduct and loot from both opposing parties. An epidemiological assessment conducted by Honwana (2006) exemplified the need for local Mozambican interpretations of combat, prior to Western mental health interventions.

Mozambique is a collective nation steeped in spiritual beliefs that trace back to early historical and cultural roots (Honwana, 2006; Igreja et al., 2010). In the late nineteenth century two pertinent harmful spirits that wreaked havoc on warriors in battle were labeled *madwite* and *n'fukua* (Igreja et al., 2010). Subsequently, as a result of the most recent civil war *gamba* spirits surfaced. *Gamba* spirits refer to the spirit of male soldiers who died in the war, and they manifest not only by producing pain, suffering and serious illness in the person who has killed them, but additionally the soldier's patrikin (Igreja et al., 2010). *Gamba* spirits refuse the attempts of the living to discretely mollify them. Being a collective society, *Gamba* spirits demand justice and thus manifest through public performances and healing (Igreja et al., 2010). If these performances fail to exist, the host is "doomed to suffer" (Igreja et al., 2010, p.593).

Thus upon the arrival home of soldiers and refugees in Mozambique, cleansing or purification rituals are an urgent condition for individual and collective healing and protection (Honwana, 2006). The family organized ritual is usually done by a traditional chief – *soba* – or local healer who offers the subject local herbs to smoke and drink, stepping on eggs, sacrificing goats and chickens, dancing, community involvement, etc. (Honwana, 2006). Various rituals and ceremonies are performed based specifically on the *gamba*, history, severity and assortment of symptoms. The general underlying treatment of the ceremony and rituals is, "because he [the returnee] has violated fundamental social norms that encompasses the physical, familial, and spiritual domains: purifying his body, quieting his demons, and reincorporating him back into the

community [are of utmost importance]” (Honwana, 2006, p.105). The treatment is aimed at symbolically sealing the past by cleansing his body off all the grime from the war, and once finished further discussion of the abductee’s involvement in the war is unnecessary.

Mental Health Diversity

The preceding cross-cultural cases exemplify the global diversity regarding local mental health symptomology and intervention. Each example displayed variation in the perception, comprehension and response to those affected by armed conflict. Would solely providing universalized Western-based mental health interventions in Cambodia, El Salvador and Mozambique generate injustice and disrespect to the local environment and cultural underpinnings? The previous examples were presented in order to lay the foundation for formerly abducted youth in northern Uganda. An exploration of how traditional and customary interpretations of distress or “trauma” present and manifest in the Acholi culture follows.

Acholi and “Trauma”

Although various Western-based studies on the effects of “trauma” among the Acholi have been conducted, only minimal research has focused on localized perceptions and symptomology of life threatening events. Betancourt, Speelman, Onyango, and Boloton (2009) assessed mental health symptoms and manifestations via local criteria. Through discourse with youth affected by war, five indigenous distresses of the war were identified; *two tam*, *kumu*, *par*, *kwo maraco*, and *ma lwor* (Betancourt et al., 2009). Although some manifestations of the proposed terms overlap, it is worth noting the somatization present in each.

Two tam is identified as body pain, feeling sad, forgetful, general weakness, lots of thoughts, and headaches (Betancourt et al., 2009). *Kumu* causes pain in the heart, the subject sits with cheek in palm, experiences difficulty sleeping, feels cold and weak, expresses a desire to be

alone and quiet, and frequent headaches (Betancourt et al., 2009). *Par kwo* is recognized as lots of thoughts, weakness, desire to be alone, easily annoyed, alcohol abuse, holds head, and habitual crying episodes (Betancourt et al., 2009). *Kwo maraco* manifests through fighting, being disrespectful and disobedient (Betancourt et al., 2009). Finally, *ma lwor* is known to cause a fast heart rate, not greeting people, scared of noise, constantly running, and trouble sleeping. Also important to note is that Betancourt et al., (2009) chose not provide symptoms or manifestations that were not germane to the DSM-IV.

As mentioned in the phenomenon chapter, the Acholi believe in “normal disease” and “spirit related diseases” that can be treated by spiritual leaders called *ajwaka*. Similar to physical disease, the Acholi indubitably acknowledge spiritual representations of mental illness and the *ajwaka*. Also described in the foregoing chapter is the Acholi belief in *cen*.

Cen and Western Therapy

It has been shown that many of the formerly abducted youth have faced discomfort and life altering characteristics from their time in captivity with the LRA. Virtually every formerly abducted child experienced some level of horrific experiences as combatants. The question is whether Western mental health interventions can adapt “combat-related trauma theory” to culturally align with the traditions and healing practices when reintegrating formerly abducted children in northern Uganda, post LRA is imperative for suitable reintegration. Many Western mental health practitioners would label the formerly abducted youth’s experiences as “trauma” and “treat” the resulting effects according to combat-related trauma theory. The ensuing example depicts the Westernization of “healing” traditional Acholi beliefs.

Many formerly abducted Acholi children experience what is known locally known as *cen* (Allen, 2006; Akello et al., 2006; Finnstrom, 2008)

Cen is described as, “the entrance of an angry spirit into the physical body of a person or persons that seeks appeasement, usually in the form of a sacrifice or, in the case of a wrongful death, compensation and reconciliation between the clan of the offended and offender ... the vengeful spirit of a person who has died a violent death” (Akello et. al, 2006, p. 237; Harlarcher et. al, 2006, p. 109).

The spirit (*cen*) manifests by haunting the sufferer through nightmares, disturbing visuals, sickness, and physical pain. The spirit of *cen* is known to cause harm and even death among the sufferer’s family members. *Cen* is not continuously present, but surfaces when the spirit of the deceased feels necessary.

International western-based mental health practitioners in northern Uganda have viewed *cen* not as spirits of the deceased, but instead as nightmares or flashbacks resulting from the harrowing effects of combat. In this situation, western-based intervention processes used therapeutic approaches which emphasize sharing difficult experiences to an unfamiliar therapist, and learning to internally work through the suffering. As we have previously seen in the *Treating Combat-Trauma: Past and Present* section of the study, these approaches focus primarily on the individual’s ability to overcome the difficult circumstances.

In the Western world, if a person is experiencing distress from war, he or she is usually taken to a small room and encouraged to internally explore their distress with an unbiased therapist. The intended outcome is for the sufferer and the therapist to continuously speak of the difficult situations that are igniting the discomfort with the hopes of working through the anxiety. Conceptualizing the misalignment between Western therapeutic ideology and Acholi cultural beliefs clearly caused discomfort and misunderstanding for the sufferer of *cen*. Do intervening

International NGOs acknowledge Acholi ceremonies and rituals while conducting individual counseling sessions?

In Acholi culture, reliving difficult situations associated with war and killing is seen as problematic. According to a clan elder who believes in spiritual practices (Ker Kwaro Acholi),

You should not repeat what has happened by talking about it after repatriation and compensation has been settled. When you repeat what has happened [by talking] the more problems you will cause because people will know you are the killer, and instead people want to get on with their lives. Even the clan isn't supposed to talk about what has happened ... once it's over you move on. (Kosantino Okot, personal communication, December 16, 2010).

The Acholi collective believe various rituals and ceremonies are applicable to those suffering from *cen* based on the offense committed. As culture is currently shifting in Acholiland, so are beliefs about treating Formerly Abducting Children. Coupled with the Westernization of lifestyles such as clothing, dress and music, mental health interventions are additionally becoming Westernized. Ultimately engaging in a holistic approach to treating the sufferer is of extreme importance as many in northern Uganda continue to revere traditional and spiritual beliefs. Thus for countless northern Ugandans, once a ritual is completed, the sufferer is said to be free of *cen* and able to move on with his or her life. The Program Coordinator for the Ker Kwaro Acholi Cultural Institution in Gulu described, "After rituals everything is okay and the assailant continues to live a normal life. We have never received any reports of problems after ritual ceremonies so we believe it works" (Okema Lazech Santo, personal communication, December 16, 2010).

Another spiritual related symptom associated with killing in the Acholi culture is *ajiji*. *Ajiji* more specifically relates to the short-term and long-term reactions (or fear) to threats of life and confrontation with death (Harlacher et al., 2006). A person who is being attacked by *ajiji* loses strength, cannot think straight, the entire body shakes, he/she may shout and tremble, and there is a potential of *ajiji* leading to *bal pa wic* or madness (Harlacher et al., 2006).

Bal pa wic encompasses a wide variety of disturbances, including severe nightmares, ‘visions’ during which people vividly see what has happened in the past, overly aggressive behavior, excessive shouting, talking about things that are not related to what is currently happening in the person’s surroundings, moving around in long aimless walks, collecting rubbish, and many more (Harlacher, et al, 2006, p.69).

Traditional Acholi Methods of Coping with War

The Acholi have historically perceived distressing events as circumstances beyond the world of the living and thus require consultation from the spiritual world which is often implemented via rituals and ceremonies. As previously mentioned, the Acholi have traditionally been subject to war and physical conflict, and local customs of receiving and reintegrating combatants back into the community vary significantly from contemporary Western approaches. This section details Acholi ceremonies and rituals conducted with receiving returnees back home, conflict resolution, and individual healing. It is important to note that in addition to war, Acholi rituals and ceremonies represent varying facets of coping with all areas of life. Finally, the Acholi abide by an abundant repertoire of rituals and ceremonies, and including even a majority of them is unfeasible in this particular study. Accordingly, I will detail the most common ceremonies that align with healing linked to war.

Rituals to Receive Returnees from War

Several rituals are applied to receiving formerly abducted youth back into their community. Two distinct ritual acts include *nyono tonggweno* (stepping on the egg), *lwoko pik wang* (washing away the tears) (Harlacher et al., 2006). These ceremonies primarily focus on cleansing the youth for acts committed during their time away. These acts may constitute killing, stealing, or simply living a life astray from particular Acholi beliefs. Acholi culture maintains that these acts are further connected to the spiritual world, and thus cleansing ceremonies alleviate contracted contamination or spirits.

According to Acholi ideology, upon returning home a cleansing ritual known as *nyono tonggweno* – “stepping on the egg” – is essentially performed at the entrance of the clan’s settlement. The belief is that outside of the home, people may contract spirits, and if not cleansed they could potentially bring misfortune to the entire community (Corbin, 2006; Harlacher et al., 2006).

The family or clan will organize this ceremony to ‘cleanse’ the returning person of any impurities or spirits that he/she has encountered ‘outside’ the community. The child steps on a fresh egg, when [she]he steps on the fresh egg, it is believed that all the dirt, all whatever the child has done, wherever he has moved is now on the egg and the child is fresh...he or she is made pure and...joins the members of the community (Corbin, 2008, p.11).

Nyono tonggweno is ideally performed as a gesture of welcome and commitment on behalf of the community and the returnee in order to resume living in harmony again (Harlacher et al., 2006). The ritual usually takes place directly in front of the returnee’s household. It is

performed by the returnee's family or clan and is recognized by the entire community and thus the returnee is welcomed back into the community (Corbin, 2006; Harlacher, et. al, 2006). A minor deviation of the ceremony may take place after stepping on the egg if the returnee's mother or an elderly clan member pours water down the thatch roof of the hut. This process enhances cleanliness (Corbin, 2006). *Nyono tonggweno* is not meant to cleanse a person from *cen* that has been contracted as a result of killing; more elaborate rituals are practiced for *cen*.

Lwoko pik wang – washing away the tears – is a ceremony intended to take place if a returnee was mistakenly believed to have died (Corbin, 2006; Harlacher et al., 2006). Thus, the mourned tears shed by family, community and loved ones must be “washed away” in a proper ritual, or they are expected to carry misfortune to the individual (Corbin, 2006).

If washing of the tears for someone who has been mourned is not performed, the person would stay mad and not healthy ... like a dead person. The ritual helps in washing away the bitterness of the people who mourned the person so that this bitterness does not bring problems such as sickness that doesn't cure. (Caritas Text, 26, p.4-6, as cited by Harlacher et al., 2006, p.71).

The ceremony constitutes literally washing the returnee's face with blessed water. If resources are available, the family would slaughter a goat, and the same water used for washing the returnee's face is used by accompanying family and clan members to wash their hands before eating the goat.

The water which was used for washing the face [of the child] is sprinkled on the chest of the child so that [she] he might stay healthy. Each person [those who shed tears for the returnee's death] sprinkles the water on the child and would make *agat* [ritual] by saying:

‘We had already wept for you; we thought that you were dead. May our sorrow that made us weep for you not bring any problem to you. Today we have washed our tears so that you may stay healthy.’ (Caritas Text 26, p.5, as cited by Harlacher et al., 2006, p.72).

The water left behind is used by family members to “wash away” the mourning tears they shed for the perceived dead returnee (Corbin, 2006; Harlacher et al., 2006).

Conflict Resolution Rituals

In addition to ceremonies directed at cleansing individuals upon return, the Acholi collective abide by resolution rituals after war, killing or conflict. Two historically vital reconciliation ceremonies exercised by the Acholi are *mato oput* (which is a reconciliation ceremony after a killing) and *gomo tong* (bending of spears).

The underpinnings of *mato oput* have shifted with contemporary Acholi society. What was once objectively defined as a “concrete ritual marking the peak of a process of conflict resolution, specifically referring to a killing that has occurred in the community” is presently often misunderstood as a miraculous entity that will solve all Acholi conflict (Harlacher et al., 2006, p.79). Thus, precisely depicting the ceremony has shifted with time. In this section, *mato oput* is characterized as a conflict resolution ritual correlated with killing.

When translated into English, *mato oput* literally means “drinking *oput*”; *oput* is a tree common in Acholiland. The *oput* tree roots are smashed and beaten down which produces a bitter drink that when consumed ultimately symbolizes reconciliation. Traditionally, *mato oput* aims at rebuilding relationships between two clans that have been disrupted by a deliberate or unintentional killing (Harlacher et al., 2006).

According to the Acholi, if one has killed and not confessed he or she will experience *cen*, which was previously detailed. While a person is suffering from *cen* from a killing, he or she may admit the killing to a family member or clan elder. Or, if community elders notice one suffering, they will gather and ask the sufferer why they are having nightmares, why they are screaming or why many family members are falling ill or dying. Once the sufferer has confessed the killing, the responsibility is lifted from the individual and accepted by his or her community. The clan members are not specifically interested in the killer's feelings about the killing, but instead aim to gather exact details of the killing. "A person experiencing *cen* has incentive to be honest because the bad things that are happening [to the killer] are the spirit of the dead person calling on the killer; if the killer doesn't confess he or she will most likely be killed by the spirit of the dead" (Tonny Odiya Labol, personal communication, 17 January, 2011).

Once the offender's community accepts and acknowledges the killing, *mato oput* officially begins. As previously mentioned, the responsibility is lifted from the individual and collected by the community. Clan elders from the assailant's community meet with clan elders of the deceased's village. Monetary compensation is discussed based on the details of the killing, and a date for the *mato oput* ceremony is slated. It is important to note that *mato oput* is practiced for both accidental and intentional deaths.

The clan elders of the assailant's community collect money from the village members in order to provide the deceased member's community with financial reparation. An *ajwaka* (see Chapter III) is called upon who connects with the spirit of the deceased in order to specifically establish who in the deceased's community shall receive the donated money.

Once an agreement is settled, the two clans meet at a neutral site with a facilitator from a separate Acholi clan. Ceremonies such as mock fights and the slaughtering of two sheep occur.

Prior to eating the sheep together, the opposing clan members take turns drinking the blood of the sheep, and while holding the sheep's heads, they ram them together. Additionally, the *mato oput* drinks is consumed in couples, with one member from the offender and offended community kneeling down with their hands folded behind their back, and sip the juice from a bowl, as their heads touch in the process (Harlarcher et al., 2006). Finally, compensation is paid and the parties are separated while saying, "Nothing bad should exist any longer, such bad heart should stop now!" (Harlarcher et al., 2006, p.83). "After mato oput is over, you go back peacefully ... cen is relieved from the person, and the killer can even sleep over the victim's house that night" (Tonny Odiya Labol, personal communication, 17 January, 2011).

It is worth noting that the ritual of mato oput is usually an extended process of mediation between the opposing clans. Also, the willingness of the offender's clan (and not the assailant him or herself) to bear full responsibility and its readiness to pay compensation are vital for the successful process leading to the actual ceremony (Harlarcher et al., 2006).

A second central reconciliation ritual in relation to war, exercised by the Acholi collective, is called *gomo tong* or bending of the spears. This ceremony was ideally performed as a symbolic ritual to mark the end of a war between varying Acholi clans or between Acholi and neighboring tribes (Harlarcher et al., 2000). If bloody conflict ensued amongst distinct Acholi tribes, *gomo tong* would coincide and be exercised simultaneously with *mato oput*. Contrary, if an Acholi clan is at war with a neighboring ethnic group, *gomo tong* is practiced exclusive of *mato oput*.

Similarly to *mato oput*, elders of the two clans convene and converse on the underpinnings associated with the violence. Once the members have agreed to terminate combat, chiefs and elders from both sides sensitize their respective clan members to immediately cease

warfare. The *gomo tong* ceremony consists of members from opposing sides accompanied with spears. The participants literally bend the tips of the spears or break their spears apart to represent an end to the hostility. Following the ceremony, the elders and chiefs discuss pragmatic ways to limit any potential return to unrest (Harlarcher et al., 2006). Finally, the ceremony concludes when the two sides slaughter a bull for the elders to eat before dispersing.

Individual Healing Rituals

Although collectivity is valued prior to individuality within the Acholi culture, rituals focused on individual healing also exist. Two principal ceremonies intended to foster individual healing are *kwero merok* (cleansing someone who has killed in war) and *ryemo jok* (chasing out a “free” *jok* or spirit).

One of the most convoluted ritual ceremonies that perhaps align closest to formerly abducted youth with the LRA is the *kwero merok*. This ritual was conducted with several returnees who have killed unidentified persons and suffered from extreme levels of psychological distress which often included *cen* (Harlarcher et al., 2006). Because this ritual relates to one who has killed an unspecified person, *mato oput* cannot simultaneously occur. Once the killer has confessed, clan elders and an *ajwaka* invoke the ancestors for assistance in the ceremony at an ancestral shrine. Throughout the multiple day ceremony, the killer is supported by the ancestors, clan elders, extended family and four specific people. The first is a male ritual performer who has also killed in war and has been cleansed by this explicit ceremony. The second is the facilitator’s assistant who must be “fearless”, and the third is a leader in singing local songs who is required to sleep in the same hut as the killer for the coming nights. Finally, a virgin girl is ordered to remain with the killer at all times (Harlarcher et al., 2006).

Throughout the entire ceremony, specific songs are sung while mock fights and dances are integrated. After two days, while adorned with ostrich feathers and beads, the killer spears a goat. After the goat is roasted, audacious men compete for the meat in a ritually arranged fashion which incorporates masculinity in displaying aggressive ways of fighting for the meat (Harlarcher et al., 2006). The fire which roasted the goat is covered with fresh leaves and danced upon which is believed to dissuade the spirit of the killed (Harlarcher et al., 2006).

Subsequently, the killer, the facilitator, the facilitator's assistant and the virgin girl are dragged through a termite mound three times in order to receive multiple bites. "The worker termites are believed to bite the bad spirit that is disturbing the killer ... [and] to deter bad spirits that are believed to linger among the people during the ritual" (Harlarcher et al., 2006, p.103).

The killer is then given an indigenous herb to chew which demands that the killer should never turn his or her back on anything, whether it is another person or a wild beast. If the killer does evade fearful situations after eating this herb, according to Acholi ideology, s/he will die since he or s/he failed to fulfill the promise that the herb implies. Concluding the ceremony, the killer is given a specific name that signifies he has killed someone, and one final ritual is performed which ultimately chases the *cen* out of the killer.

Elders point spears that have been blessed in front of the *abila* [shrine] at the eyes of the killer, threatening and commanding the bad spirit to leave: 'You, today we do our *agat* [ritual] on you; you should get out because we have already cleansed you! The setting sun today should take it [*cen*], and has taken it, away!' The people gathered would answer: 'And has taken it away!' (Harlarcher et al., 2006, p.104).

The above litany is reiterated numerous times, led by the elders. The sharing of food and drink follows, and according to the Acholi collective, *cen* and distress are alleviated from the killer. At this point, he or she is encouraged to carry on a “normal” life. Additionally, if the victim was a female, the ritual ceremony is identical with one foremost appendage. It lasts four days instead of three, and the killer is required to perform specific duties of an Acholi female on the second, third and fourth day.

Cleansing the killing of a woman is ... difficult ... because you have to do all those things that woman does: you have to wear an apron like a woman, fetch water, grind corn, look for food, fetch water, wash dishes, and do all the petty works that a woman does in a homestead (Caritas Text 16, p.14, as cited by Harlacher et al., 2006, p.72).

Ryemo jok or chasing out a bad spirit, which includes *cen* or other spirits that disturb the living may not occur without an *ajwaka*. In consonance with Acholi dogma, virtually all problems whether medical, psychological, relationship or any perceived misfortune can potentially stem from spirits (Harlacher et al., 2006). Hence, the objective of chasing out the evil spirit is to “cleanse the person and thereby re-establish overall mental, physical, social and spiritual health” (Harlacher et al., 2006, p.109).

The procedures which vary slightly according to individual cases are performed by an *ajwaka*. The *ajwaka* calls on the possessing spirit and consults with it to determine what actions are obligatory for the spirit to escape the patient, and in essence return him or her to healthiness. The spirit speaks through the *ajwaka*, the patient or even another location, such as under a tree (Harlacher et al., 2006). Although the *ryemo jok* ceremony is specifically altered according to the case and harmful spirit, the ceremony generally ends with a similar request from all spirits.

This includes the possessed individual beheading a goat or sheep which implies chasing out the spirit which is either sent away, or transferred onto the animal which is then left in the wilderness (Harlacher et al., 2006).

A ryemo jok ritual in which the *jok* is a spirit of war:

If it is that of a spirit of war, then a symbol of a gun is made out of wood and put (pressed) across the person's chest and a song would be sung for him. He would hold the gun and pretend to shoot while rolling on the ground as if he is in a battlefield. The spirit would lead him to the bush. When he reaches the bush, the *ajwaka* invokes the spirit to come and talk ... The bad spirit would then tell where it comes from and how it was killed. All these things the spirit would say speaking through the patient as he/she becomes possessed. It would then tell the people that it is leaving. The possessed patient then goes and picks the sheep provided and runs with it further into the bush, falls down and breaks the neck of the sheep. If the spirit has commanded that no one should eat the sheep, then it is left for the vultures to eat (Caritas Text 5, p.6, as cited by Harlacher et al., 2006, p.110).

The preceding examples were provided to illuminate the phenomenon that representations and interpretations of mental health stressors vary according to culture and time. What the Western world constitutes as "trauma" or "depression" clearly manifests differently in non-Western cultures. The intent of this chapter was not to disregard Western-based mental health interventions in non-Western societies. If applied with caution and cultural sensitivity, Western-based therapeutic ideology *may* apply constructively. However, if approached with a

Western imperialistic, culturally ignorant universalistic framework, therapeutic interventions may worsen already painful situations for sufferers of distress.

Considering the focus of this study is on the historical underpinnings of culturally specific “healing” strategies associated with returning formerly abducted children in northern Uganda, post captivity in the Lord’s Resistance Army rebel group, the Discussion Chapter will deconstruct historical and existing theoretical and applied reintegration methodology. A comprehensive examination of the two major reception centers in Gulu – GUSCO and World Vision – will ensue. Are these organizations embedded in Western theoretical ideology, rooted in an Acholi cultural foundation, utilized according to Christian values, or a combination of such? Is it ethically and culturally feasible to maintain cultural specific values of the Acholi while incorporating Western based therapeutic interventions?

CHAPTER VI

DISCUSSION

ETHICALLY BRIDGING THE WESTERN AND NON-WESTERN CULTURAL GAPS IN THERAPUETIC INTERVENTIONS IN POSTCONFLICT SETTINGS

Counselors also face the ambiguous task of integrating traditional Western methods of counseling taught in their training with their own cultural norms. Some of the conflicting norms that counselors face in northern Uganda include that women are not to express their feelings, an outsider should not involve him/herself in another family's affairs, a younger person should not counsel an older person, and a woman should not counsel a man. The counselors seek to use counseling methods that are efficacious, while also incorporating the rich cultural traditions that also promote healing, such as ceremonies and rituals for welcoming and reconciliation (Annan et al., 2003, p.244).

The aim of this sociopolitical, theoretical thesis is to examine the ideological application of reintegrating formerly abducted youth by the LRA in northern Uganda, back into Acholi society. In Chapter III I sketched a social anthropological outline of the Acholi people in northern Uganda in order to give the reader a context for this phenomenon. Further, I examined the ways in which war has physically and emotionally altered life in Acholiland. The next chapter provided the characteristics of Western-based combat-related trauma, while the fifth chapter presented traditional ways the Acholi have dealt with distress. Both distinct philosophies have been used with formerly abducted youth in northern Uganda.

This chapter considers the ethical application of a more culturally holistic reintegration approach to former abductees that include aspects of Chapters IV and V. In order to do this, it is imperative to assess the cultural values, norms, and beliefs of both combat-related trauma and traditional ways the Acholi deal with distress.

This study takes a postmodern perspective that accentuates the critical need for mental health workers to assess the often implied global universalism of Western mental health constructs as cross-culturally aligning, especially in non-Western cultures (Spear, 2007). The voluminous literature coupled with discussions involving various Acholi locals such as: formerly abducted youth, witchdoctors (ajwaka), cultural leaders, religious leaders, mental health counselors, and clan elders, signifies the need for further examination of Western mental health ideology in non-Western contexts. Although it may be unattainable for Western mental health practitioners to avoid observing, defining, or describing circumstances without applying our ingrained cultural lenses, it is however, possible to avoid imposing biases and preconceptions (Bracken et al., 1997; Dyche & Zayas, 2001; Spear, 2007).

In this final chapter, I begin by briefly describing mental health assumptions that are globally taken for granted, such as the use of combat-related trauma theory with the Acholi of northern Uganda. This phenomenon will be exemplified via a case study of the two most prominent reintegration centers in northern Uganda; World Vision and GUSCO. This case study will provide a detailed evaluation of the ways in which World Vision and GUSCO choose to work with formerly abducted youth; specifically, Western combat-related trauma versus traditional Acholi values and beliefs. I then present suggestions for culturally appropriate adaptations or translations of combat-related trauma theory into the Acholi culture. Finally, I explore the practicality of integrating Western-based combat-related trauma theory with the

Acholi culture and how this study is also applicable to Western mental health interventions in non-Western societies.

Universal Psychosocial Interventions

Studies have proven that although the construct, *distress*, is a cross-cultural idea, the environment and circumstances that produce stress are not (Kleinman, 1995; Spear, 2007; Wessells, 1999). International mental health intervention in post conflict situations is a relatively new phenomenon that has developed over the past twenty years (Miller, 2005; Spear, 2007). Since the early 1990s, scores of Western mental health practitioners have worked internationally to meet the perceived mental health needs of the marginalized non-Western world (Galappatti, 2005; Spear, 2007). Psychosocial interventions have since become the prevailing method of international humanitarian aid in non-Western societies that have been devastated by conflict (Spear, 2007; Reyes, 2006). I will now focus on two of these organizations that are currently operating in Gulu, northern Uganda.

World Vision

World Vision is an international Christian relief and development organization that abides by firm Christian beliefs. The organization's approach to reintegration and counseling is embedded in Christian ideas about confession of sins and seeking refuge with God (Akello et al., 2006). Thus, a formerly abducted youth's commitment to Jesus Christ and Christian principles is at the forefront of proper reintegration according to World Vision's model.

World Vision has been operating in Gulu since 1995. In order to present a clear picture of the reintegration process for a formerly abducted youth of the LRA, it is important to first explain the process of how one arrives at World Vision.

The Process

Youth who escape the treacherous lifestyle of being held captive with the LRA generally have been captured by the Ugandan Government soldiers (UPDF) or have managed to flee during battle. Regardless of how the formerly abducted children elude the LRA, the first step is an evaluation by the Ugandan Government's Chieftains of Military Intelligence (CMI). Here, the youth are detained and interrogated by Military Intelligence personnel who strive to obtain valuable information regarding the LRA. After this lengthy process, which could take days, the youth are assigned to either World Vision or GUSCO depending on availability. The following is a description of the process for a formerly abducted child who is assigned to the World Vision reception center.

After the child is medically evaluated, s/he is taken to the compound of World Vision that consists of dormitories for males and females, a kitchen and dining room, and a church. The walls are decorated with biblical excerpts regarding love, peace, and forgiveness (Akello et al., 2006). Each child is assigned a social worker. A fairly structured daily schedule was established to aid the childrens' reintegration process under an overarching umbrella of Christianity. For example, a two hour morning prayer session is conducted by a preacher or pastor highlighting Pentecostal ideals related to forgiveness, the Ten Commandments and peace (Akello et al., 2006). "During the general daily morning devotion prayer, we share the word of God and know the word of God is life" (Dora Alal, personal communication, December 10, 2010).

Morning prayer is followed with a community breakfast. Then, the children participate in additional activities including group counseling sessions that include teachings by preachers or pastors, and individual counseling sessions in which rates of success are measured by the extent to which the child can freely describe his or her experiences with the LRA (Akello et al., 2006).

The primary aim during individual sessions is for the counselor to obtain biographical information in order to aid in reintegrating the youth back with his/her family. However, prior to reintegrating these youth back into society, World Vision ideology explicitly maintains the importance of instilling Christian values. “Counselors believe that if they do not succeed in converting the child [to Christianity] and making them confess and repent their involvement in violence, the reintegration process will be delayed” (Akello et al., 2006, p. 232). Counselors and preachers order the youth to “turn away from their sins and give their lives to Christ” (Akello et al., 2006, p. 234).

Children who do not wish to share their experiences are labeled as “difficult cases”, and the duration of a child’s stay is based on (a) his/her willingness to open up and share his/her feelings about the atrocities he/she has committed/experienced and (b) the number of children being received and treated at a given time. For instance, when there was a lull in fighting, youth could stay at the center for a month or two, but when children returned enmasse, the maximum time a youth could stay at the center was three weeks (Akello et al., 2006).

Reintegrating the youth back into their community of origin or into an internally displaced persons camp with family members is the next aspect of World Vision’s mission. The counselor visits the child’s family one time, a week before the reintegration process to briefly counsel the family in welcoming the child. On the reintegration day, the youth is given a decent sum of money and rudimentary household items (Akello et al., 2006). Some families prefer a traditional Acholi reintegration ceremony to welcome the family back but, if the counselors are busy, this entire process may take less than an hour (Akello et al., 2006). This situation contradicts some traditional Acholi ceremonies that are meant to last multiple days. After being reintegrated with family, counselors are advised to follow up with the child. The frequency of

follow up visits is quite low, due to distance between World Vision's reception center and the child's village, and a lack of counselors on staff. Another barrier to follow up visits has to do with the child's reluctance due to stigmatization within the community (Akello et al., 2006). Initially following the "end" of the conflict, formerly abducted youth felt stigmatized by community members.

Christianity and Postcolonialism

According to a counselor at World Vision in Gulu, "All staff members here [at World Vision] should be Christians and witnesses to God. [A witness] continues to show people to the Goodness of Christ" (Dora Alal, personal communication, December 10, 2010). This ideology parallels the foreign invasion of missionaries in Uganda during the late 1800s where Christian beliefs about religion and education conflicted with those of traditional Acholis. As mentioned in Chapter III, northern Ugandans habitually dealt with a world that emphasized collectivity, groupness, interrelatedness, co-operation, sharing, inter-dependence, togetherness, etc (Mugo, 1991).

The belief that all World Vision staff working with formerly abducted youth in northern Uganda should be Christian contradicts the foundation of the Acholi culture and spiritual beliefs. Although traditional Acholi rituals and ceremonies are incorporated in World Vision's reintegration package, they are secondary and given minimal attention. "World Vision is Christian based and so there is disagreement between traditional or cultural leaders who emphasize ceremonies for the formerly abducted youth, and World Vision's philosophy" (Dora Alal, personal communication, December 10, 2010). Chapter V provided insight from traditional Acholi leaders who shared contradicting views with World Vision's therapeutic framework. World Vision does maintain that Muslims, followers of indigenous beliefs, and non-religious

folks are all openly accepted at the reception center. Although, one can imagine the difficulty a formerly abducted child must experience throughout the entire process as they are still expected to partake in prayers and the Christian framework. World Vision's prioritization of Christianity over indigenous Acholi beliefs and aspects of Western-based, combat-related trauma theory, exemplifies an ethnocentric view that repentance and beliefs in a Western God will facilitate proper healing and reintegration.

Gulu Support the Children Organization GUSCO

GUSCO is a non faith-based local organization that was set up in 1995 by a small group of concerned Acholi women who witnessed the trouble that youth faced entering back into society after spending time in the bush. Unlike World Vision, GUSCO's strategic approach operates from a holistic incorporation of specific Acholi cultural activities combined with Western-based mental health interventions such as counseling and group therapy (Oringa, n.d.).

An integral aspect of GUSCO's philosophy encompasses games, sports, role plays, singing and dancing. According to the Protection Officer at GUSCO's main office, "We want to get the children back to some form of normalcy, and these activities help build relationships between the formerly abducted youth ... cultural dances especially serve as a therapeutic tool which allows for multiple forms of expression" (Amony Pamella Grace, personal communication, October 10, 2010). Amony Pamella Grace also stated that Christian church services are offered each Sunday, and although "all" children pray it is not a requirement. Additionally, GUSCO invites Christian leaders to come and speak with the youth.

Counseling sessions at GUSCO align with Western mental health combat-related trauma theory in that they consist of group and individual sessions with the goal of conceptualizing war-related experiences into meaningful perspectives, reality testing, and discussing possible

solutions to problems (Oringa, n.d.). In addition to individual and group counseling, GUSCO's main goal is to support family tracing and family reunion which may include traditional ceremonies. During individual counseling sessions, youth are encouraged to speak about their upbringing with the hope of tracing family members. A family reunion may revolve around a traditional Acholi ritual or ceremony, but similarly to World Vision's lack of staff and infrastructure, the process may lead to somewhat of generic reintegration ceremonies. A former counselor at GUSCO acknowledged the importance of rituals and ceremonies. "They [rituals and ceremonies] have worked for many youth ... children usually look a lot better after the ritual ... if psychologically you believe in the spirits, you can definitely see a difference" (Richard Oneka Steven, personal communication, March 9, 2011).

Community Involvement

Richard Oneka Steven emphasized the importance of sensitizing the community prior to reintegrating a youth back into his/her community. Many youth who have returned were forced to kill, rape, abduct, and loot from even their own villages, and thus stigmatization of the youth by the larger community sometime occurs. "The community sensitization meetings are to prepare, educate and encourage the community to accept these youth back into their communities" (Richard Oneka Steven, personal communication, March 9, 2011). GUSCO ideology stresses the importance of working with community and local leaders around issues of support during the "community sensitization meetings."

Once youth are reintegrated back into the community, social workers and counselors at GUSCO are encouraged to meet with the formerly abducted youth once every three months for the duration of one year. However, similar to World Vision, distance, time, former abductee to staff ratio, and finances deter the regularity of consistently following up. Because of this,

GUSCO attempts to train “Community Volunteers” (CVs) which are essentially community members to monitor the youth after reintegration with their families. Training of CVs is rudimentary, where GUSCO counselors aim to help CVs identify troubling symptoms of the youth. If the CV believes the youth is struggling, it is his/her job to contact GUSCO for an evaluation by a counselor. It is now important to explore the ways in which Western therapeutic interventions have shaped GUSCO’s reintegration structures.

VIVO in GUSCO

In 2008, Italian NGO, VIVO, physically arrived at GUSCO’s office in Gulu and introduced Narrative Exposure Therapy (NET) to social workers via a “one day training session” (Amony Pamella Grace, personal communication, October 10, 2010). According to the Western mental health specialist conducting the training, the rationale for introducing this method was to “reduce the symptoms of post traumatic stress disorder and fill the youth with hope, new confidence and functionality” (VIVO, 1999). *Narrative exposure therapy* (NET) is a short term approach ideally used with those diagnosed as experiencing Posttraumatic Stress Disorder (PTSD). NET is based on testimonial therapy and cognitive/behavioral approaches (Nuener, Schauer, Klaschik, Karunakara, & Elbert, 2004). Although the Protection Officer at GUSCO agrees that the “best way to work with a child is in the best interest of the child,” she also mentioned that the Western NET trainers “encouraged us to get the child to speak about trauma ... most times children avoid talking about it, but the best way for a child to heal is by talking about their problems” (Amony Pamella Grace, personal communication, March 22, 2011).

Formerly abducted children were assessed for trauma and PTSD based on responses from a set of questions administered by a social worker at GUSCO that was minimally adapted by the VIVO representative. Fortunately, I was provided with a copy of the “Posttraumatic Stress

Diagnostic Scale (PDS)” by an Acholi social worker at GUSCO that based the youth’s responses to the questionnaire as whether or not a youth should begin with NET.

PTSD and GUSCO

The assessment, which is done both in English and the local vernacular, emphasizes universal characteristics of trauma and stress. For instance, question two on the assessment asks, “Did you experience having bad dreams or nightmares about the traumatic event in the past month? How often did you experience this in the past month?” Depending on who is administering the assessment and what they are essentially attempting to discover clearly influences the interviewee’s response. For instance, consistent “bad dreams” and “nightmares” are indicators of “trauma” in the Western world. However, as previously mentioned, large populations of Acholi consider bad dreams and nightmares to be *cen* (spirits) that cannot be “cured” by NET, but instead require a specific Acholi ceremony. Additionally, the question indicates that “trauma” is present in the abductee clearly based on a Western construction of the term.

Question five on this assessment asks, “Did you experience any of this in the past month: Experiencing physical reactions when you were reminded of the traumatic event (for example, breaking out in a sweat, heart beating fast.)” This question signifies that “breaking out in a sweat” and “heart beating fast” are global, somatic symptoms of trauma. Perhaps a culturally aligned questionnaire would first examine whether somatization exists in the Acholi context, and if so, how it specifically manifests.

Another assessment question asks, “In the past month, did you experience trying not to think about, talk about or have feelings about the traumatic event?” Again, it is vital for this question to be grounded in an Acholi cultural framework. For instance, traditional Acholi culture

specifically abides by not speaking about troubling, historical events. “Avoidance of talking about trauma experiences by FAC [Formerly Abducted Children] and the community seems a key contributor to psychological healing” (Corbin, 2008, p.328). Furthermore, as previously mentioned, a cultural leader informant explained “When you repeat what has happened [by talking] the more problems you will cause ... instead people want to get on with their lives” (Kosantino Okot, personal communication, December 16, 2010). Western mental health specialists may identify “denial” as a defense mechanism if the interviewee answered “yes”, where others would define it instead as Acholi culture.

Another question asks, “Did you experience any of this in the past month: Feeling emotionally numb, being unable to cry or unable to have loving feelings?” This question does not take into consideration the gender normative roles of appropriately displaying emotional reactions in the Acholi culture. Men in northern Uganda are discouraged from crying or showing sincere emotion even during the funeral of a loved one (Finnstrom, 2008).

The subsequent question, “Did you experience any of this in the past month: Feeling as if your future plans or hopes will not come true (for example, you’ll not have a career, marriage, children, or a long life?)” correlates to a culture not embedded in a twenty plus year war. What are future plans for the formerly abducted youth reintegrating back into their village or an Internally Displaced Persons’ Camp? During and initially succeeding the conflict the majority of Acholi civilians and ex-combatants feared their everyday surroundings. What would their futures hold? Would they be re-abducted? Were they able to access adequate food, water and shelter? The questionnaire appears to exclude the cultural specific translations of these pertinent ideas.

Question sixteen of the assessment asked, “Did you experience any of this in the past month: Being overtly alert (for example, checking to see who is around you, always being

suspicious about what is going on behind you, etc.)? A cultural characteristic of the Acholi could be defined as being “overtly alert”, as conversing with strangers, and constantly being familiarized with their surroundings are aspects of daily practices. A popular, common question in the local vernacular is, “Iciero kwene?” or “Where are you going?”

The following section of the assessment focuses exclusively on issues such as “having problems in: affairs at home, your learning in schools, relationships with your family, and general satisfaction with life?” Although the responses to the aforementioned categories may differ according to individual, one cannot ignore the collective narrative of Acholi life while gauging responses to the criteria. Failing to assess the responses in a culturally sensitive, Acholi specific framework would create a misconception of the holistic everyday circumstances of life in Acholiland. For instance, all schools outside of a three kilometer radius of Gulu were closed during the conflict. “Affairs at home” would often constitute residing in an inhumane, deplorable Internally Displaced Person’s Camp, where access to family members and basic human needs were sparse. “Relationship with family” depended on (a) being reintegrated with your family (b) the duration of time in captivity and (c) the atrocities one committed towards his/her family/community. Finally, “general satisfaction of life” must be interpreted through an existential, philosophical lens evaluating the term “satisfaction.” How does one conceptualize a “satisfaction of life” in Acholiland?

Postcolonial Global Systematic Structural Racism

The impact of VIVO’s influence on GUSCO’s philosophical framework is congruent with the postcolonial systems of historical structural racism. Imperialistic and colonial ideas have impacted the educational, religious, health, and societal structures of the Acholi people since the 1800s. Whether overt or subtle, the underpinnings of VIVO’s influence on GUSCO parallels

neocolonialist ideals. If culturally modified to adapt more closely with the Acholi culture, the Posttraumatic Stress Diagnostic Scale could provide useful insight while working with formerly abducted youth. However, to provide a Western questionnaire to the Acholi youth, who come from immeasurably diverse upbringings, indicates a level of hegemonic universalism.

The questionnaire was provided as a guiding tool to assess whether or not to incorporate NET to a formerly abducted child, and did not include consultation with cultural and religious leaders. The one-day NET training was conducted via a Western lens by Western mental health practitioners. Thus, the lack of consideration towards opening the meeting to feedback from local Acholi social workers may imply a conscious or unconscious belief that the local system was not effective. In other words, VIVO's rhetoric was to slowly shift the Acholi mental health structure and pathologize a collective as suffering from Posttraumatic Stress Disorder. This structural transfer of authority and power seems to disvalue traditional Acholi beliefs and perpetuate the existing hierarchal Western dominance over non-Western worlds (Fanon, 1963).

It is now appropriate to explore some ways in which culturally appropriate strategies can be applied in order to diminish a Western dominated approach towards reintegration with formerly abducted Acholi youth.

Culturally Appropriate Suggestions

I used World Vision and GUSCO as case examples because (a) they are the two biggest reception centers in northern Uganda and (b) to explore the avenues in which they choose to operate. Considering that World Vision functions from an exclusive Christian framework, attempts to explore traditional or non-Christian ways of healing have been ignored. This inevitably creates friction for those youth and family members who may not believe that repentance of sins is of utmost importance for reintegration. GUSCO's theoretical underpinnings

are grounded in a broader, more holistic structure that is open to the youth's interest. However, GUSCO remains heavily influenced by Western interventions of combat-related trauma theory. Consequently, I offer an assessment tool to assist in a more culturally ethical approach to reintegration with formerly abducted youth, post LRA.

As interwoven throughout this study, understanding cultural differences is fundamentally essential to individual or group interventions following conflict (Nader, Dubrow, & Stamm, 1999). An intervention model or a guideline to assist in providing culturally sensitive cross-cultural post conflict interventions is a *Culturally Aligned Mental Health Assistance Criteria Assessment*.

Culturally Aligned Mental Health Assistance Criteria Assessment (CAMHACA)

The *Culturally Aligned Mental Health Assistance Criteria Assessment* (CAMHACA) is a guiding tool that may be applied while working with formerly abducted youth of the LRA in northern Uganda. CAMHACA is an evaluation incorporating a holistic, all encompassing assessment of a formerly abducted youth, his/her surroundings, cultural beliefs and practices, religion, family, community, schooling, farming, working, etc. Essentially CAMHACA intends to identify the individual and communal characteristics and systems that constitute an individual in the Acholi culture. While working with a formerly abducted child, the CAMHACA would provide the social worker with the fundamental layers necessary to gain a clearer understanding of the individual's experiences.

CAMHACA AND ECOLOGICAL SYSTEMS THEORY

CAMHACA is fundamentally grounded in aspects of Urie Bronfenbrenner's (1979) Ecological Systems Theory. A detailed, in depth description of Ecological Systems Theory is not possible given the scope and objective for this study. However, in order to appreciate the

principals of CAMHACA, providing a peripheral sketch of some facets of Bronfenbrenner's theory is needed. Ecological Systems Theory argues that in order to comprehend human development, one must consider the entire ecological system in which growth transpires. The theory is composed of social subsystems that help structure human development including microsystems, mesosystems, exosystems, and macrosystems (Bronfenbrenner, 1993).

The CAMHACA is an evaluation of the formerly abducted child's subsystems. For instance, the *microsystems* of the Ecological System's Theory refers to the relationship of the former abductee with his/her immediate environment (Bronfenbrenner, 1993). Thus, in Acholiland, the microsystems may constitute the youth's family, community, religious leader(s), school system, peers, experiences with the LRA, etc.

The CAMHACA tool then assesses what Bronfenbrenner labeled as mesosystems which is the interaction between two or more microsystems that link directly to the child (Bronfenbrenner, 1993). Thus, the *mesosystems* section of the CAMHACA identifies and interprets the linkages between the abducted youth and all of the mentioned microsystems. In other words, what is the relationship between the youth and his/her religious community? What is the association between the youth and his/her family and community? Further, what are the affiliations between the youth's family and the LRA? Were members of the youth's community directly impacted by the rebel group? Was the youth's former school disrupted because of the war? Was the youth enrolled in school prior to abduction?

Finally, it is imperative for the CAMHACA to observe and assess the macrosystems of the youth's development. *Macrosystems* indicate the systemic, institutional patterns of culture. In Acholiland these consist of collectivism, abject poverty, war, disease, oppression, colonization,

post colonialism, dictatorship, Acholi cultural norms, etc. Assessing the broader aspects of society is also vitally necessary as its impacts directly affect individual development.

CAMHACA and Community

Considering that the CAMHACA is a guiding tool to assist mental health practitioners when working with formerly abducted youth in northern Uganda who live in a collective society, perhaps the central concern should include locating the former abductee's family and community. "The primary loyalty to the extended family or kinship group and strong community ties create a natural support system to trauma victims [in African societies]" (Peddle, Monteiro, Guluma, & Macaulay, 1999). Identifying the youth's family, community, village, cultural/religious leaders, former school, etc. may ultimately provide the backbone of support for the youth. According to traditional Acholi culture, when one has wronged, the responsibility is that of the collective community and not the individual. "Individuals in this culture [Acholi] always come attached to the community" (Dr. Joanne Corbin, personal communication, November, 19, 2010).

Identification and discourse amongst the microsystems in the youth's life prior to the war may conceivably provide a collaborative working relationship that would support the youth in a more efficacious way than Narrative Exposure Therapy. How would reintegration differ if World Vision and GUSCO not only incorporated CAMHACA into their ideology, but further strived to work collectively with the youth's encompassing microsystems?

Resource instead of Reception Centers

As a result [of finding out she killed in her own village] the community harassed her, referred to her as a killer and a person whose 'head is sick.' In school, children frequently laughed at her ... they [peers] resented the special attention she received from her

counselors [at World Vision] which in turn made the girl bar any follow-up activities by the World Vision (WV) counselors (Akello et al., 2006, p.231).

The above quote is from a family member of a formerly abducted youth in northern Uganda. These words exemplify the stigma occasionally associated with those who have returned from captivity. If World Vision and GUSCO chose to name their programs “resource centers” in lieu of “reception centers”, stigmatization may be somewhat alleviated. The resource centers could function based on a revolving door policy where the abducted youth, family and community members are welcome to visit the center as desired, for a variety of activities. The resource centers would provide psychoeducation on the impacts of war in Acholi culture, local signs and symptoms of distress in youth, accepting a family member back from captivity, resources for connection to cultural and religious leaders and ajwakas, Western-based “talk therapy”, group therapy, individual and family support meetings, activities, dances, sports, etc. None of what is provided at the resource centers would be mandatory, but instead available as support.

In order to ethically incorporate the different activities into the resource centers, a collective gathering of local community, religious, and political leaders would determine a culturally appropriate framework. The CAMHACA would aid in the integrated ideology of the reception centers. For instance, prior to establishing a detailed activities list at the resource center, a CAMHACA that assessed the macrosystems of northern Uganda would essentially provide a cultural appropriate Acholi lens.

At this point, CAMHACA has been introduced to work with the Acholi of northern Uganda. The next section of this study presents universalistic guidelines for using the assessment tool in any cross-cultural scenarios.

CAMHACA and the Global Village

Whether using CAMHACA with formerly abducted children in northern Uganda or with Afghanistan victims of war, some general recommendations must be considered. However, prior to outwardly applying CAMHACA cross-culturally, a personal CAMHACA assessment of the mental health professional should first be acknowledged. The following list provides some preliminary, basic considerations for internal conceptualizations of working cross-culturally.

1. *Recognize privilege* – when entering the non-Western world from the West, one inevitably enters with privilege and power. What do you represent as a Western mental health worker from the West? “The power of colonial rule continues to remain a factor in working with the people in Africa today” (Peddle et al., 1999, p.146)
2. *Who am I* – how does the impact of your gender, ethnicity, religious orientation, sexual orientation, social class, etc. impact the people and projects you are working with? (Wessells, 1999).
3. *Identify and analyze personal biases* – what are your preconceived stereotypes about the culture, people, and situation at hand?
4. *Local culture* – honor, respect, listen and learn from local communities, their traditions, rituals, ceremonies, etc. Center programs around local leaders rather than expatriates or other Westerners (Peddle et al., 1999).

5. *Power structures* – what are the formal and informal power structures in the community of work? “Understand and recognize what the differences are between cultural, ethnic, and racial differences and differences that are attributed to poverty” (Peddle et al., 1999, p.146).
6. *Situation at hand* – entering a war zone is a political act itself? How is your presence perceived by those directly and indirectly affected by the war? (Wessells, 1999).
7. *Continuous evaluation of yourself and work* – ask questions, who benefits and who is excluded in the work I’m doing? Is one group privileging or subjugating another? (Wessells, 1999).

Conclusion: Can Cross-cultural Reintegration Work?

In this chapter, I detailed the ideology of World Vision and GUSCO’s reception centers in Gulu, northern Uganda. Although both organizations are grounded in diverse foundations, overlap between the two clearly exists. Both independently recognize the magnitude of individual therapy as an important aspect of reintegration amongst formerly abducted youth. The notion of “talk therapy” used with GUSCO and World Vision, coupled with religion have significantly influenced youth returning back to society.

I also suggested that an ethical cross-cultural tool, *Culturally Aligned Mental Health Assistance Criteria Assessment* (CAMHACA), be introduced and implemented as a guiding instrument prior to working cross-culturally. CAMHACA should not only be applied towards the individual, community, and society, but moreover as a personal, individual assessment of the entering Western mental health worker.

Currently, northern Uganda is caught in a web of traditional indigenous values and post colonialist Western intervention in a plethora of ways. As this study suggests, a large percentage of the West's reintegration involvement with formerly abducted youth parallels a hegemonic racial superiority of white Westerners. GUSCO attempts to embrace traditional Acholi beliefs, while also feeling dominated by Western therapeutic interventions that often contradict Acholi culture.

It is important to note that this study was a theoretical process, and the ideas presented here were a combination of clinical relationships with clients, interactions with cultural leaders, religious leaders, clan elders, formerly abducted youth, social workers from World Vision and GUSCO, and Acholi civilians. A major shortcoming of the study is its failure to empirically explore some of the theoretical questions in a more structured format. For instance, applying qualitative methods with formerly abducted youth may have provided a more organic narration of lived experiences of reintegration within World Vision and GUSCO. Further research is clearly essential to truly understanding the meaning of World Vision and GUSCO's reintegration methodology of formerly abducted youth in northern Uganda. This would additionally provide further insight into the application of Western-based therapeutic interventions in other non-Western societies. This study has aimed to provide clinicians and International mental health workers with a basic understanding of cross-cultural appropriateness.

A consistent reoccurring theme of this study analyzes whether it possible to apply Western therapeutic frameworks to the Acholi of northern Uganda. This study was not aimed at providing an objective response to such a layered, existential question. However, as the debatable question remains abstract, one powerful ideal continuously resurfaced throughout the process. What persistently remains evident is that if Western-based, combat-related trauma is

not adapted or translated to fit into the Acholi culture, Western intervention runs a serious risk of post colonial hegemony.

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